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The American Journal OF Clinical Medicine

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DR. A. S. BURDICK

²
VOL. 13

JULY, 1906

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Intestinal Autointoxication

From every quarter comes unmistakable evidence that the whole medical profession is beginning to appreciate (and to avail themselves of it in their work) the importance to health of a clean, normally functioning alimentary canal—the “clean out, clean up and keep clean” of which we have had so much to say.

This is indeed gratifying, encouraging, heartening; for when the real basal importance of this matter actually takes hold, embodying causal treatment, the right drug (in quality as well as name) and precise dosage, then will be ushered in the new era in therapeutics, second only to, if not more far reaching in importance, than that which saw the advent of surgery from the hodgepodge of guesswork and pus to the bright light of scientific cleanliness and success.

Brother, read this issue, thoughtfully, earnestly—especially the first editorial and the first leader which will surely give you “food for thought and a taste for more”—and, if you feel that our work is uplifting and helpful, please pass the word along. This Journal stands for the doctor, first, last, and always!

DRS. ABBOTT AND WAUGH

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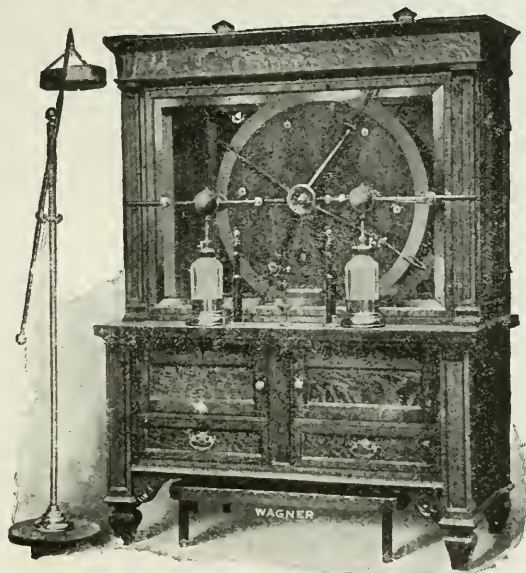
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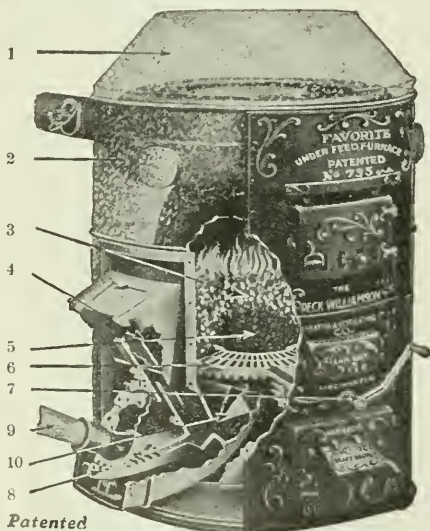
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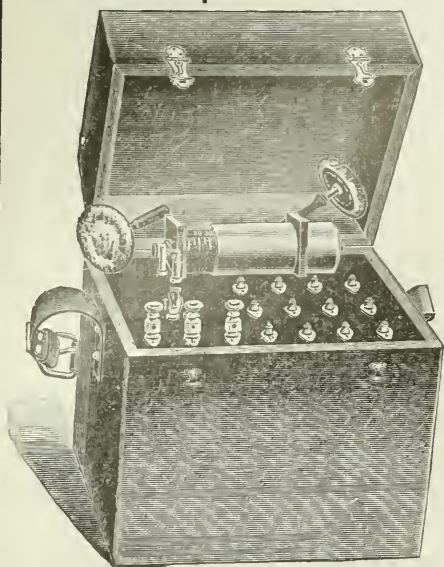
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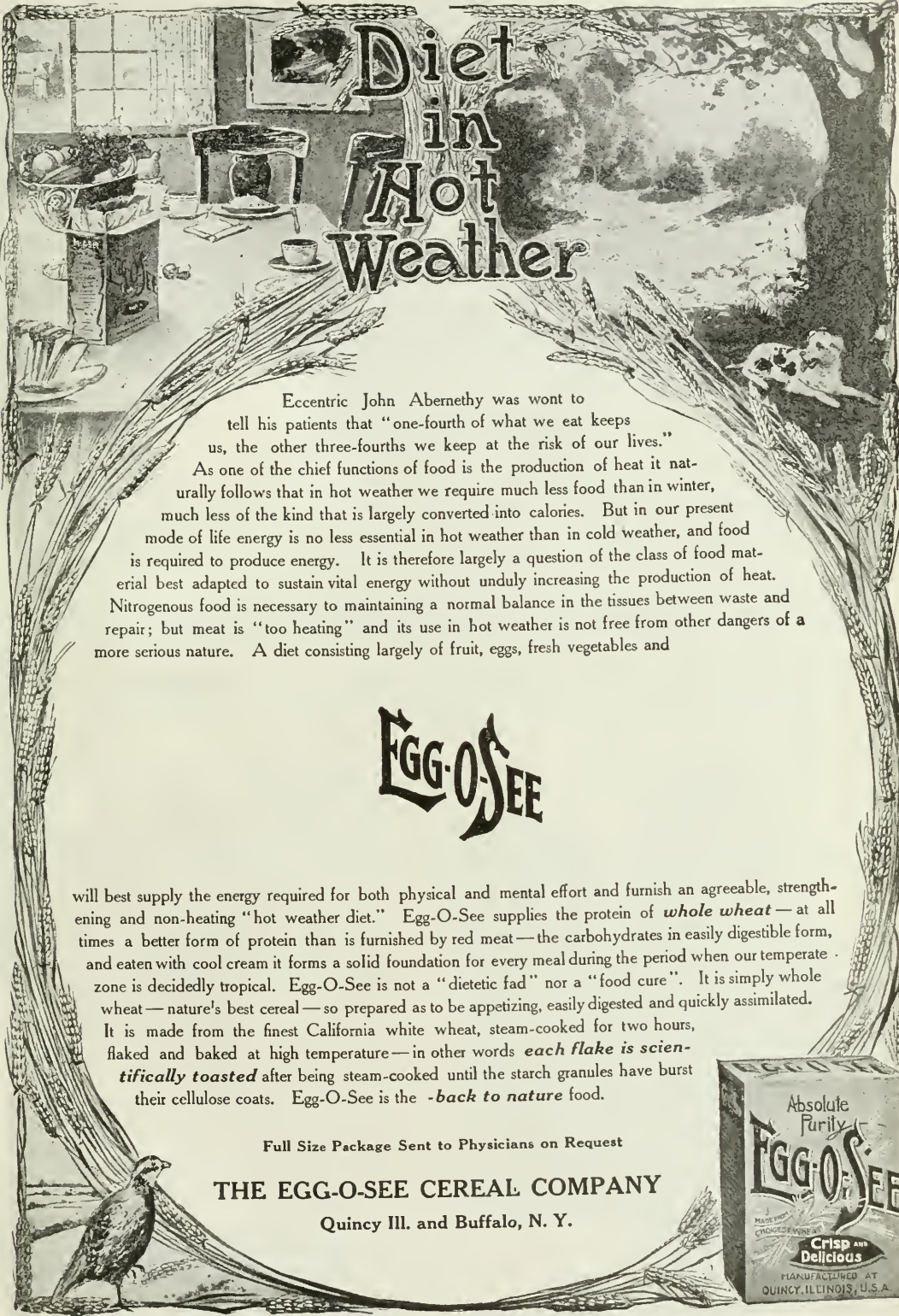


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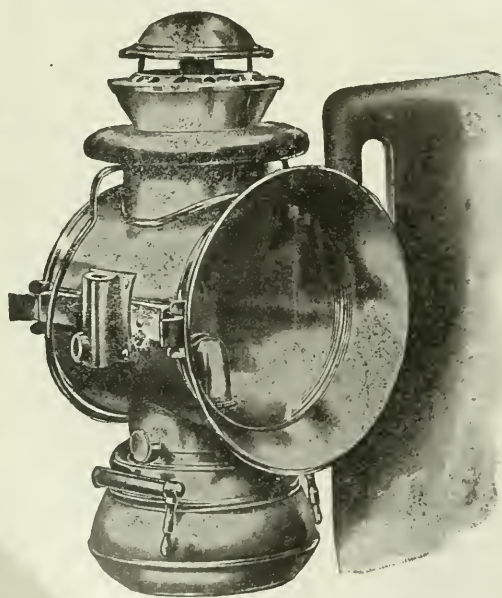
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You take no chances whatever in giving the Diamond a trial, and we are sure it will please you.

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Above prices include a dash clamp for attaching to dash (as illustrated) or a seat rod bracket. State which is wanted when ordering.

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Lamp Factory in the World

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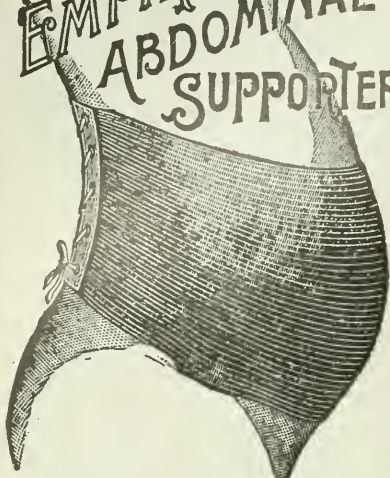
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is superior to all others for following reasons:

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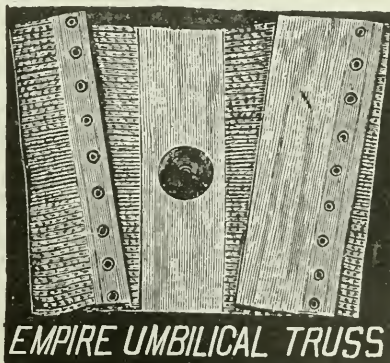
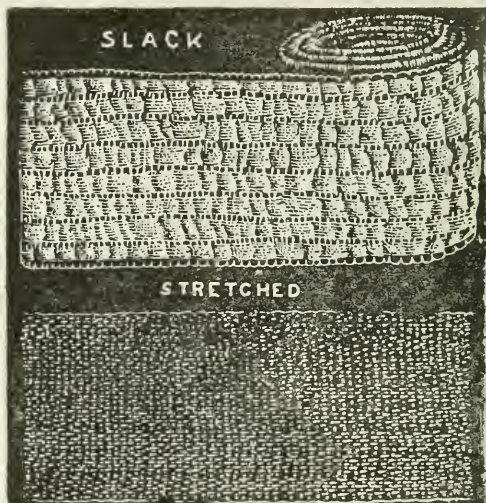
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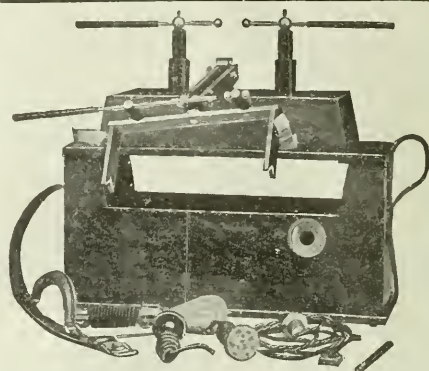
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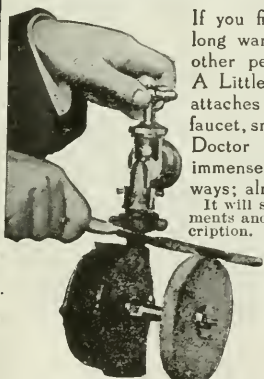
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The body of our Buggy Lamp is drawn from No. 25 gauge sheet steel, in a similar way to a torpedo shell. The top and bottom are double seamed on to the body, which makes the strongest possible construction in stamped metalware. It burns good quality Kerosene (coal oil).

By long experience we have decided that aluminum is the best metal from which to make a reflector, on account of its not tarnishing easily. For this reason, the reflector in our new Lamp is drawn from heavy gauge aluminum (No. 18 gauge) in the same manner as the body; and best of all, it is removable, so that if the reflector does become dirty or tarnished, it can easily be taken out to be cleaned. The reflector is perfectly shaped so as to get the best possible result from the light.

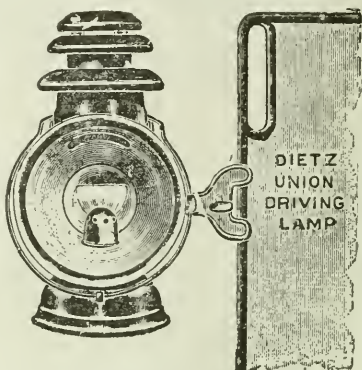
The Lamps are fitted with a one-half inch brass door, in which is set a convex glass, and the contrast of the brass with the black Japan is very pleasing and makes the Lamp very handsome.

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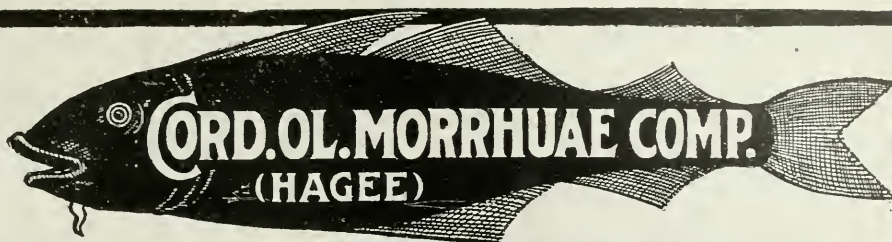
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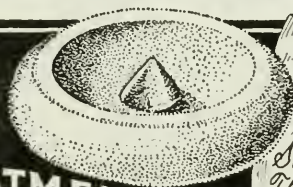
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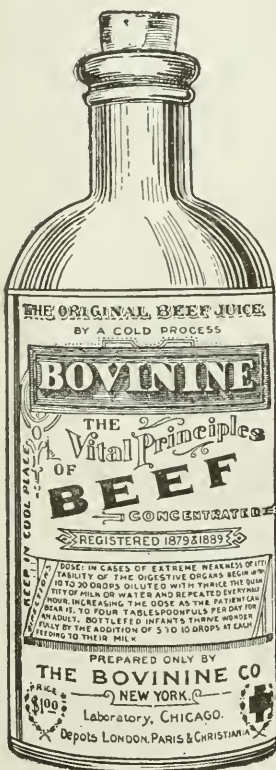
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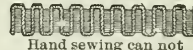
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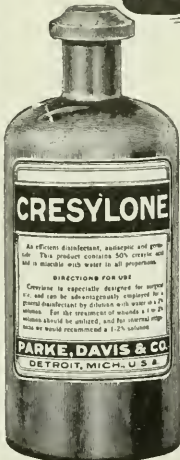
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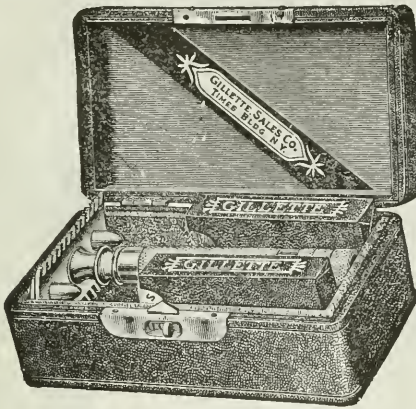


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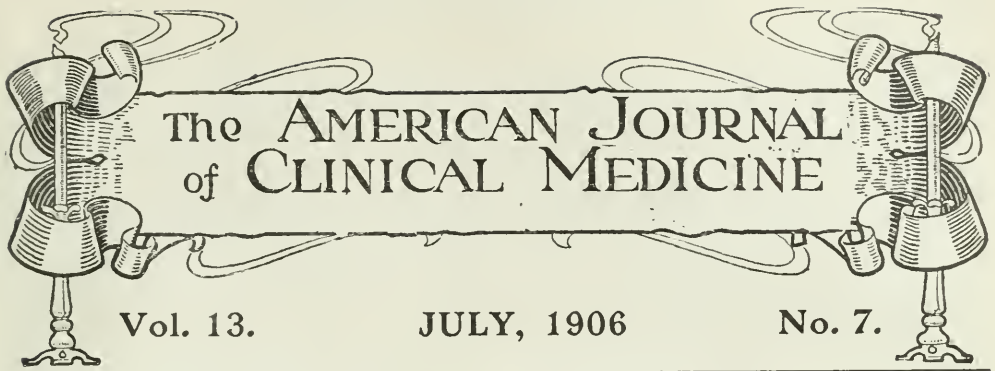
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A STARTLING STATE OF AFFAIRS, AND THREE QUESTIONS.

THERE are certain propositions which it is extremely difficult to discuss patiently, calmly, judicially. The truth seems so plain, so self-evident that you cannot conceive how it is impossible for others *not* to see it. It seems to you that only those who *deliberately* shut their eyes can fail to see it. There are arguments based on proofs so irrefutable that it seems to you that only those who *deliberately* close their ears can fail to be convinced by them. And still it is not so. The number of people who really do not *wish* to hear the truth is exceedingly small. But the human mind is so constituted, that opinions and ideas, be they ever so erroneous, once implanted—especially if the implantation has taken place in the early formative period—strike deep root, and it is only by continuous, gentle, patient work that you can hope to uproot them.

Yes, you must have infinite patience when dealing with error and prejudice, and he who does not possess an inexhaustible supply of that virtue cannot hope to become, is not fit to become, the leader of any great cause.

For these many years we have labored to present to the medical profession of America the absurdity of using the indefinite, variable and uncertain vegetable drugs and their galenical preparations, when their active principles are so much more certain,

uniform and reliable. We have never claimed, as our misrepresenters say we did, that the active principles should be used to the exclusion of all other medicinal therapeutic agents. Far from it. All we have ever claimed and claim now is, that, when a plant possesses an isolatable active principle—be it alkaloid, glucoside, neutral principle, resin, oleoresin or volatile oil—representing its virtues, that principle should be used in preference to the crude drug or its galenical preparations. We have presented argument after argument, we have brought proof after proof, we have given fact after fact.

From numerous foreign and domestic sources, utterly independent of and perhaps even unaware of our propaganda, we have collated proofs that crude drugs differ very widely in their percentage of active principles or alkaloids. We have shown that some fluid extracts of one manufacturer were ten, nay, a hundred times stronger than fluid extracts of the same drug of another manufacturer; that fluid extracts of the same manufacturer differ 50 to 400 per cent in strength. We have shown that tinctures of some of the most potent drugs, such as aconite and colchicum were occasionally utterly inert; we have shown that many drugs contained antagonistic alkaloids, that those alkaloids were contained in varying proportions at different times and it was absurd to expect constant or uniform

results from the administration of such drugs. We have collated and presented enough facts and proofs to convince the entire profession of the United States—and we have only succeeded in convincing about one-fourth of it. But as we said before—Patience. They are all coming our way and the truth is bound to prevail.

We predict that the time will come—and it will be here very soon—when it will be *incredible* that physicians were administering preparations about which they could not say whether they contained *any medicinal principle* or none at all. It will seem incredible, it ought to be incredible now, but that is just what is being done every day. Proof? We have presented proofs innumerable, but here is an additional one, which we came across only this morning. The *American Druggist*, a journal which will certainly not be accused of making deliberately any statements likely to injure the druggists or the manufacturers of galenical preparations, says in its issue of May 14, that the New York Board of Health has been employing experts “to examine and report upon the character of Pharmacopeial preparations sold by jobbing druggists to retailers.”

It is well known that an examination of galenical preparations obtained from retail pharmacies showed a condition of affairs far from satisfactory. It was thought that only the retail pharmacists were to blame; that they were careless in their preparations, that working with small quantities and with imperfect apparatus they could not with the best of will produce a satisfactory product, that they had neither the means nor the knowledge of making assays of their preparations, etc. And it was thought that the galenical preparations furnished by wholesale manufacturers, who have all the capital, machinery and expert knowledge at their command, would be irrefragable.

This is far from being the case. As the *American Druggist* tells us editorially: “For two months past a rigid examination has been conducted and various galenical compounds, including fluid extracts and tinctures, have been examined. *The results in some instances were startling. Several of the so-called fluid extracts were found to be completely devoid of alkaloidal constituents.*” So says the *American Druggist*. And it adds: “The retailer who depends in a large measure upon the manufacturer and wholesaler of drugs and chemicals has been too often made the scapegoat of the really responsible parties, and it is gratifying to know that this has been recognized and the blame put where it properly belongs. Interesting developments may be shortly looked for.” We are glad that justice is going to be meted out to the retail druggist, that he is no longer going to be a scapegoat for other people’s iniquities. But we are more interested in the physician and in the patient and we want to ask the following three questions:

1. Imagine a fluid extract or tincture of belladonna, digitalis, aconite, nux vomica, etc., utterly or practically devoid of alkaloidal constituents, or what is the same thing, of medicinal value. Imagine a physician administering such preparations in a dozen or two dozen desperate cases without any favorable result—is it any wonder that such a physician becomes a therapeutic nihilist and sneers superciliously at the mention of drugs? Is he to blame for it?
2. Is it not horrible to contemplate the number of lives lost annually through the administration of uncertain or utterly worthless galenical preparations?
3. Is it honest or fair to call us faddists because we, seeing every day the great variability of galenical preparations and the dire positive or negative-results following

When patients in bed take digitalis watch for nausea, which indicates the need of discontinuing it for a while.—Brunton.

Occasionally instead of strengthening the heart digitalis does just the opposite, causing fainting fits.—Brunton.

their administration, advocate⁷ the employment, whenever feasible, of the invariable, certain, reliable, active principles? Is it? Or is it just barely possible that we are in the right?

We leave the members of the medical profession to ponder these questions carefully and answer them to themselves at their leisure.

THE WAIL OF THE GROUCH.

Isn't it about time to call a halt on the grouch? After all, wasn't the President right in that speech about the "muck rake?" For the last few years, with a culmination in the last few months, we have heard little else. Every magazine we pick up is filled with exposures of trust finance, the uncovering of graft, the denunciation of officialdom. Every newspaper has its private preserve of rottenness, and that journal is behind the times indeed, which has not its daily contribution to the literature of exposure. Muck, muck, muck—nothing but muck! We are wallowing in it! The surest way to attain fame these days is to denounce somebody. Time was when a man who had carved a fortune for himself out of the hard materials of modern life was looked upon with some respect—was honored, yes, and loved if his life was such as to deserve the esteem of his fellows. But now such a man is under suspicion; it is almost a disgrace to succeed in business—it *is* a disgrace if we are to believe the howl of the socialist who is now filling the air with misleading and mendacious diatribes concerning the evils of "capitalism" and the "capitalist."

There is evil in the world, and a great deal of it, and every one of us has a personal responsibility for at least a part of it. Wrong is wrong, wherever it may be, and we would not condone it nor cover it up. The fight for

equal opportunity and equal justice for all men is right, and should go on, as it will and must. We respect and honor every man who is in this fight "on the square"—playing no favorites. But for mercy's sake, don't let us get to thinking that there are no longer any honest men in the world, that our public men are all robbers, our preachers all hypocrites, our civilization corrupt and all creation generally on the way to the demnition bow-wow!

Let's be fair—get rid of the grouch and look about us. Never has the country as a whole been so prosperous; never have so few men been without work; never has the farmer received so much for the product of his acres, the laborer for his toil; never has there been such growth of our industries and such increase of domestic and foreign trade; never has the American citizen lived so well, spent his money so freely; never has opportunity in the way of education and advancement in the way of trade been so easily at command of the earnest worker. Last, and not least, never has the public conscience been so alive to wrongdoing and so eager for the right.

This is a good world and we are mighty glad we are here. There are some rascals in it to be sure, but more honest men than rascals. Take the postoffice department. As the *National Magazine* points out, after a most rigid investigation only two men out of 25,000 were convicted of corruption. But the newspaper space is given to denouncing the rascals and there is not a word about the honest men. The average man wants to do what is right and square and if you will point out his mistakes in a friendly way, in nine cases out of ten he will yield if in the wrong—or what is just as likely, show that perhaps you were the one who was wrong, not he.

The trouble with too many of our self-appointed critics is that they go about things

In advanced fatty degeneration of the heart digitalis is distinctly dangerous; few muscular fibers to act on.—Brunton.

Digitalis can not render contractile a cell almost entirely composed of fat, however much it may stimulate it.—Brunton.

in the wrong spirit. They are determined to ferret out rascality, and when a man has that attitude of mind he will find it, never fear. But it's tough on his neighbors. We need to look for the good in men more—and having found it to encourage it. There is plenty of it in the world which goes absolutely to waste, just because it never receives a word of encouragement. The man who "thanks God that he is not as other men" invariably has a "mission" for picking motes out of other peoples' eyes. Such a man has no time to notice the burdens of positive uplift which conscientious plodders are carrying all around him. He is a supercilious grouch who will not even *look* for Truth, Honor or Decency outside of his own high-boarded, private half acre lot of cherished Opinion. Brother, Brothers, climb the fence and look out even if you cannot get out, and get out if you can! You will see a big, hopeful, working, achieving multitude—not doing things your way perhaps, but trying just as hard as you are to do things right as they see it.

And this is true in medicine. The wave of reform which is sweeping over us too is, in many ways, a good thing. Out of it ultimately will come a stronger and a cleaner therapy. But much of the criticism is pharisaical and unjust. Kill! kill! seems to be the cry, and instead of simply rectifying a wrong here, and correcting a fault there, so as to strengthen our weak points and get rid of our errors by the process of exclusion, the effort seems to be to make the whole medical world and all its agencies conform to the hard and fast rules laid down by so-called "authorities"—to destroy everything which apparently does not accord with the time-honored methods of the past or the hypercritical negations of the present. Everything which has not the indorsement of the elect is pooh-poohed and put under

the ban as being unethical, commercial, unscientific.

Wouldn't it be better, my scientific brother, to really charitably investigate some of the things which you condemn, looking for the real good there is in them? Isn't constructive therapy better than destructive? Are your theories so well established that you can afford to throw aside with a sneer any method of treatment that holds out hope to the sufferer? Bah! We have had enough of the wail of the medical grouch!

Let us turn over a new leaf, and instead of searching only for things to criticise, look for means of help, to make our services worth more to our patients. Cheer up, Brother, cheer up! There is something in medicine, and if you will stop for a while raking in the muck of medical politics, proprietary and nostrum abuses, hypercriticism of your fellows and of their motives, you will find there is good even in some of these things: that the politician is at heart a very good fellow; that there are some splendid proprietaries; that the nostrum abuses are due largely to our own lamentable ignorance; and that the fellows we are lambasting so unmercifully have hearts as warm, motives as high and very likely just as much practical common sense as the "perfessor" whose lucid (and delusive) tergiversations concerning the dam-foolishness of medicine in general we have been taught to revere as almost inspired.

Darn a grouch anyhow!

REAL MEN, SHAMS AND FOOLS.

The vast mass of humanity is intellectually passive and progress is accomplished by comparatively few. The latter are men who have initiative. They are troublesome students because they do not accept the

Instead of helping circulation in fatty hearts digitalis may completely stop it, causing death of the patient.—Brunton.

By contracting muscular fibers of vessels not fatty digitalis may raise tension till a fatty heart can't overcome it.—Brunton

statements of their text-books as final but are continually questioning and discussing. They are "kickers." They want to know why, and they give their teachers trouble galore.

During their lives they are continually upsetting the basis of things, questioning the rights and proprieties, striking out into new lines, upsetting old humbugs and simulacra which are merely empty shells from which the true divinity has long since departed.

They are cranks, scoffers, infidels, kickers, trouble-breeders and generally very uncomfortable fellow-citizens until some day we suddenly discover that they are heroes or geniuses, but this is usually a considerable time after they are dead.

The continued existence and the success of this first class are made possible by the existence of the second which consists of the men who can do things after they have been told—bucket passers in line. The proportion of such men to be found in any community depends upon its general education and intelligence. They form not only the basis upon which the first class works but from it the race of heroes is recruited. They also form an essential counterpoise for the genius, without which his wings would be as useless as steam unconfined. Were his soaring pinions not held down to earth by force of gravity he would be soon lost to the world in the clouds. Practicality alone makes invention and discovery of value.

The third class consists of men who neither initiate, adopt nor execute but who oppose with intent, or obstruct through laziness, stupidity or ignorance, who can't learn or won't and who oppose every suggested change for no other reason than because it is a change. They are the dead weight on the wheels of progress. If they are

of any special use in the scheme of humanity it is somewhat in the nature of a counter-irritant to arouse the active portion of humanity to greater exertion than would otherwise be manifested. They make good punching bags to develop muscle, good foils for the exercise of wit, but if they exist in too great proportion they form a quicksand in which genius would smother.

Of all classes and professions of men the medical profession has at all times been notorious for the possession of the greatest proportion of this third class. The stubborn, irreconcilable, venomous opposition manifested by the bulk of the medical profession against every notable advance that has been made in the medical art is too well known to require more than brief comment. No physician over forty-five years of age at the time Harvey announced the circulation of the blood, accepted that doctrine as true. That the active-principle therapeutics has encountered less malignant opposition than did vaccination, anesthesia, oophorectomy, the modern germ theories, etc., shows how much stronger the spirit of enterprise and the general intelligence and knowledge of the profession has grown in these later times.

The intolerant spirit still lives though it has grown old and toothless. Though we are not yet out of the woods we are leaving the tall timber behind and see the sunshine striking in around and in front of us. A little more effort and we will scale the last citadel of chrystallized obstructionism, the medical colleges, and will see a vital, aggressive, optimistic, scientific therapeutics taught therein.

HOME-MADE TABLETS?

In one of our exchanges we note the advice given, that physicians shall buy ma-

In advanced Bright's with high tension digitalis may increase it till a degenerated artery gives way. Brunton.

Digitalis may do harm in a weak heart with sound arteries or a strong heart with weakened arteries.—Brunton.

chines and make up their own suppositories and tablets.

If a doctor has very little to do and wants to amuse himself, we really think he might find better methods of destroying time. What's the matter with going fishing? It's a great deal more fun and not nearly so expensive. The suppository machine whose purchase is advised costs fifteen dollars, and we doubt if the average doctor uses fifteen dollars' worth of suppositories in ten years.

The further advice is given to buy a lozenge and tablet machine, and the writer adds: "After the doctor mixes the ingredients and selects the dies for the machine, his fifteen-year-old boy can turn out 500 to 1,000 tablets perfectly in one hour." Now that sure does sound fine; but then real manufacturing firms where goods may be relied upon, mix their ingredients by the aid of machinery for the space of from one to thirty-two hours. If the doctor has found a way to make his fifteen-year-old boy work at a mortar and pestle for thirty-two hours, we would be pleased to receive his formula for working boys, and publish it for the benefit of the fathers of America. We know some pretty good boys, in fact, we have one ourselves, who is not for sale or barter; but when it comes to trusting the mixing of medicines to boy or girl, man or woman, of any age, we pin our faith to the machine.

PHARMACY AWAY AHEAD.

We had a conversation with a prominent pharmaceutical manufacturer some time ago which was significant in many ways. Discussing the standardization of fluid extracts we said: "Why, oh why, when you have extracted your clean alkaloids do you put them back into the useless, encumbering, decomposable, nauseating dirt?"

He replied: "Because you doctors insist

on having it so. You are accustomed to prescribing medicines in that form, and do not want to change. Half of you judge the strength of a medicine by its thickness and the rest by its color. If you want to pose as a reformer and have enough money outside to pay living expenses go ahead. I am in business to sell goods, such as people will buy, and as long as I supply better goods than my competitors I am satisfied, even though I know very well that you are perfectly right. When medicine has been educated up to the level of pharmacy we will supply you every alkaloid yet discovered, in chemical purity."

We regret that, the conversation being private, we can not give the name of our friend; but that doesn't matter—you may assign it to any of the well-established manufacturing houses and it will fit, until he denies its applicability to *him*.

So far as he dares—and a good deal further than he tells—the intelligent manufacturer has adopted the alkaloids. He makes his elixirs of cinchona from the cinchonic alkaloids and colors them to imitate your beloved dirty galenics; his wines of nux contain the true active principle of nux, in definite quantity, and none of your uncertainties, decompositions and nauseants. He even tried to make you belladonna plasters with a definite quantity of atropine in them, but one of your big lookers-backward got up and howled him down. The Pharmacopeia called for *belladonna* and belladonna we must have, though we know very well that the man was right and his product in every way better suited for intelligent application.

The pity of it goes further: As long as the profession contents itself with the mixed principles in plant products and with the mixed results following their use, progress stops. We see that there is truth in the

Digitonin instead of causing contraction of the arteries tends to cause dilatation of these vessels.—Brunton.

It is just possible the advantage of digitalis over other heart tonics is due to the effect of digitonin.—Brunton.

contention that not all the effects derived from coca are represented by cocaine. The chemist has acted on this, and discovered a second active principle in coca leaves. There the matter stops. There is no demand for this principle, and it is not put on the market; and the opportunity of ascertaining whether the marvels told by the early Spanish observers had some truth in them, and of securing such a marvelous agent for our use, is lost. Many groups of alkaloids have been discovered whose actions differ in various degrees, just as the pictures presented by various cases of the same disease differ, and a most enticing field for therapeutic application and study is open before us—the door stands wide, but on the threshold the dust lies thick, and across it stretch the spider-webs of habit, apparently of toughened steel but really of gossamer tenuity when the man of resolution essays to brush it aside.

And yet, it leads to fairyland; to the enchanted region where doubt and perplexity cease to furrow the brow, where the calm consciousness of power based on knowledge sits as a crown on the physician's head, where peace and confidence enter with him. Why—what's this? Tears falling on the page before us—tears of protest that the truth lies unveiled, when age and the pressure of other duties better suited to the period of physical decay have crowded us out of the field of active clinical work

Are there not among the thousands to whom this message goes some who will feel the impulse to take up this work, to insert their strong young shoulders under a corner of the weight, and infuse into the movement the vitality of young blood?

Coming down to "brass tacks," just what is it we want?

We want you to call for the rarer alkaloids, those that have been recognized,

their general characteristics determined, so that we know they "resemble" strychnine, or atropine, or quinine, or some other well-known alkaloid, or digitalin perhaps, but no one has as yet taken the trouble to try them out in practice and determine in what cases they are better than the generally-used agents of their groups. The cook knows better than to use black pepper when red is better, or allspice when cloves or cinnamon or nutmeg or cassia would be preferable. Can we not have equal nicety in applying our drugs to the needs of the human body?

CANNED MEATS.

Future generations may look upon the tin can as one of the greatest boons bestowed by science upon humanity, and the introduction of canned meats as marking an epoch in the history of civilization.

It is one of the most heart-rending features of famines that there always exists at some point a surplus of foods which would have prevented the misery and loss of life, could they have been preserved from spoiling until they could be transferred to the point of scarcity. This is accomplished through the medium of the can, which not only preserves the food but renders it readily transportable and supplies it in a shape for immediate use without having to pass through the complicated processes rendered requisite by modern customs.

Two things interfere with the realization of this ideal—the carelessness of employees and the greed of employers. If through the neglect of those in charge of food products decomposition is allowed to begin, there are always means to cover up the fault and slip the unfit stuff past an inspector, and thus escape the punishment justly due. This the average employee may always be

The greater diuretic power of infusion of digitalis may be due to the presence in it of digitonin.—Brunton.

All infusions of digitalis do not have the same power; the Edinburgh dose is one half ounce, the London one to two drams.—Brunton.

trusted to accomplish rather than run the risk incurred by owning to a fault that may cost him his job.

It is not easy to believe that any sane man can be so unwise, or even so grossly inconsiderate of the consequences to the consumer as to knowingly permit diseased or decomposing meats to go out under his name. To the packer the reputation of his products is the life of his trade. Let him once establish the conviction in the minds of the public that, whatever is to be said of the others, a food bearing the name of his own house is *sure* to be reliable, and he is certain of a demand at a comfortable advance on the market prices. No single item of his inventory is worth as much as such a reputation. Every lumpy-jawed cow or trichinatus pig devoted to the fertilizer tank is worth to him in reputation a hundred times more than it brings when sold as sound food with his name as guarantee. Every can of diseased meat sent out not only puts human life in danger but it stands a chance of creating a large or small circle in which that manufacturer's name will be henceforth anathema and his products unsalable.

These things are so self-evident that we must look with suspicion on the attempts to throw upon the packers the obloquy of disregarding human life and being so totally devoid of ordinary business sagacity as to willingly destroy the credit of their own products by selling diseased foods as pure. The proportion of such diseased animals can not be so great that it pays better to sell their meat than to destroy it. If so, it is difficult to see why the raisers of such animals do not get a share of public attention.

The fault of the packers lies in their failure to properly sustain the public reputation of their products. If men only use canned meats when they can not help themselves, and never then without closely scru-

tinizing them and partaking with trepidation, it is because they have learned to suspect such foods as possibly dangerous.

That the packers have been unable to prevent such impressions becoming prevalent shows a weak point in their methods. No matter who is at fault—the only test of business ability is success.

DOGMA AND LOGIC.

It seems rather singular that the medical profession should on the one hand exact the most crucial proofs to establish any new theory or fact, and on the other display such a glaring inability to logically calculate the deductions that may reasonably be made therefrom. In the domain of bacteriology there are very few of the alleged microorganic causes of specific diseases that have been absolutely proved by Koch's rules to be such; and but one serum has been established beyond reasonable question. Nevertheless, the inferences drawn from these premises are simply ludicrous. The entire materia medica whose applications were based on the older theories is thrown overboard, without stopping to ask if remedies found effective formerly are not equally so now, though the theories on which their beneficial action was then explained are no longer accepted.

A great *non sequitur* is to be made here. The explanation of action may be wrong, the fact of action may remain. Take two prominent facts for example: The administration of zinc sulphocarbolate in many maladies until the stools have lost all unpleasant odor, is followed by a marked diminution in the symptoms of the disease. The explanation first given was that the zinc killed the microorganisms in the bowel. But Koch found that anthrax bacilli resisted even a 5 per cent solution of zinc sulphocarbolate.

A hot water bag over the cardiac area frequently tends to make the heart begin to beat again.—Brunton.

A hot water bag outside the chest and a hot drink inside the stomach both act as powerful heart stimulants.—Brunton.

Unauthorized inference first—that the salt had no effect on any microorganism. Unauthorized inference second—that the remedy was useless.

The first deduction assumed that all microorganisms are equally resistant against all chemical agents; the second that only the killing of bacilli offered any remedial possibility. By no other form of action could any drug possibly do any good whatever. Are either of these conclusions justifiable? Are there no other possible explanations to be given that could account for the very decided effects following the administration of this agent? If so, this is the most deadly blow yet given to the bacterial theories, for it shows that these bodies are far less important in disease than we have been led to believe.

To those, however, whose brains are capable of admitting more than one idea at once it is by no means difficult to reconcile the old and well proved clinical observations with the new theories. It is easy enough to harmonize the treatment of pneumonia formerly explained on vasomotor action with the bacillar origin of the perturbations, and yet retain the priceless advantages of the treatment. Many explanations may be made of the beneficial effects of intestinal antiseptics beside the crude one of "killing germs." The more bacteriology is studied the more evident is it that no such easy explanations are admissible. The subject grows in complexity as our knowledge of the biology of these organisms increases, and we study them singly instead of *en masse*. It begins to be comprehended that many forms of infusoria may be beneficent, even essential to the health and life of the higher orders of animated nature.

We should therefore recollect the narrow limitations of our knowledge and beware of basing upon the little known, sweeping as-

sertions that contravene well established clinical facts. Seeming paradoxes and apparent contradictions resolve themselves into harmonies if our viewpoint is only high enough.

LATENT APPENDICITIS.

A distinguished Chicago physician writes us: "On my recent trip to ———, I learned from a young surgeon of that city, that pus might form in the body without rigor, elevation of temperature, exudation, induration, swelling or discoloration; and that this was especially true in appendicitis—pain localized being the only symptom and that this warranted an immediate operation."

It seems presumptuous in an obscure individual like the writer to offer advice to the modern surgeon, but really we think the suggestion worthy of his serious consideration: In days of old, when the rage was for attributing everything to ulcer of the uterus, some worthy men in the front rank of the profession were nonplussed by failing to detect any ulcer in cases that really should have shown it to verify their theories. They therefore assumed that in such cases the terrible malady was there even when it wasn't—in other words that it was "latent."

Now, why not have a latent appendicitis?

N. B. If a loving cup or similar testimonial is contemplated the writer for this brilliant suggestion, the address will be furnished on application to the JOURNAL.

A LURE TO THE BOTTLE.

We have received from one of our friends an advertisement letter which really seems to deserve attention. Perusing this epistle, the thought which comes to us is—How

The tension in medullar vessels regulates the beats of the heart and thus the arterial pressure.—Brunton.

Great tension in the heart seems to excite the depressor nerve causing the intestinal vessels to dilate.—Brunton.

mortally smart these rascals be! This one has evidently sent to the postmasters of this country asking for a list of elderly men, and one of them, as a joke, returned the name of a doctor, who therefore gets a letter evidently not intended for any physician or man of reasonable intelligence. Nobody likes to admit that he is growing old, but many men who are approaching the "sear and yellow leaf," on receiving and reading this epistle would be exceedingly likely to conclude that the failure of sight of which he is uncomfortably conscious is not due to old age! Perish the thought! Not much! He isn't old! A man is only as old as he feels, and he is spry as a two-year old. There must be something else to account for it and here is the thing. *He has inflammation of the optic nerve!* Under the circumstances it is up to him to send five dollars for the man's medicine, and if the latter only contains whisky enough to make the man feel chipper he can be depended upon as a steady customer for years to come.

The medicine sent out by this party ought to be analysed; and if its alcoholic strength be what we infer it to be, the postoffice authorities cannot get after that party too quickly.

How long, O Lord, how long, will these conscienceless scoundrels be permitted to go on making good citizens into drunkards and drug habitues for the sake of the dirtiest of dollars?

Here's the letter:

The human body is a wonderful piece of mechanism. It is the purpose of Nature that every part of its machinery be perfect and perform without friction their respective functions for the allotted time of man, three score years and ten. But alas, through neglect, exposure or inheritance, scarcely a man lives today without some disease lurking within his body. Nature would be only too glad to restore every or-

gan to its natural capacity, but the disease is oftentimes so bad that it cannot do it alone, but must have assistance. This is exactly what the Mild Medicine Method does—merely assists Nature. It does not require strong medicines to do this, but these medicines must be of the right kind. Here is where most physicians make their mistake.

No part of the human body is so precious as the eye. It is the window of the soul, through which we look at the procession of life and seek happiness. I don't know of a single disease of this delicate organ that is as treacherous as inflammation of the optic nerve, because the progress of the disease is so slow that it is scarcely noticeable. It goes about its work in a very quiet way, destroying the little nerves which feed and give nourishment to the optic nerve. While all this time the eyesight has been growing dimmer, it has been so gradual that the seriousness of the condition has not been realized.

I do not wish to cause you any uneasiness but I wish to impress upon you the fact—which any reputable physician will verify—that no case of inflammation of the optic nerve ever got well of its own accord. It is one of those diseases that invariably grow worse unless the proper treatment is applied. The quicker you act in this matter the sooner you will receive relief. You cannot afford to put it off any longer. You will see an improvement within the first thirty days and a cure within a short time if you are faithful in following my directions. In short, here is my offer: For \$5.00 I will prepare for you a month's treatment of my remedies. If after 30 days' use of my treatment, according to my instructions, you feel that you have not been sufficiently benefited to warrant you in continuing the treatment until cured, or if your improvement has not been as speedy as you feel it should be, or if you are not entirely satisfied with the results of the treatment, write me to that effect and I will refund the money you have paid me. All I ask is that you be as fair with me as I am with you.

Surely you could not ask for any stronger proof of my unbounded confidence in my

Excessive tension inside the heart does not dilate the vessels if this apparatus has got out of order.—Brunton.

In almost hopeless heart disease you get the patient recovering most marvelously by simply keeping him quiet.—Brunton.

ability to cure you. I am willing to assume all risk.

May I not hear from you?

SAFE LOCAL ANESTHESIA.

Every physician who has employed cocaine as a local anesthetic for any length of time has encountered occasional cases of collapse following its use. Some of these may be due to subjective influences but not all. Some time ago we advised the addition to the cocaine solution of brucine, 1 or 2 per cent, adding if necessary a drop of hydrochloric acid to insure solution. We have now had reports from a sufficient number of cases to satisfy us as to the value of the addition. Brucine gives the support and stimulation of strychnine and is at the same time itself a local anesthetic of no small value. The effect of the cocaine is increased and prolonged by the brucine. Up to the present every reported case has been successful. The importance of this suggestion does not need demonstration.

INTOLERANCE.

There is no intolerance so dangerous as that based on a little partial knowledge. The deeper one delves into matters scientific, the more humble he grows as to his own attainments, the more profoundly he is impressed and oppressed with the hugeness of the universe, the immensity of the knowable, and his own littleness, the narrowness of his limitations. A very wholesome sentiment it is, too.

But the man whose cranial capacity is fully distended by the presence of a single thought, whose grasp of a single truth is so spasmodic that all else is forced out of his grasp, is the man who demands that all the world must square belief and practice by

him and his; and condemns to the demnition bowwows all who disagree with him.

A learned Shakespearean enthusiast once stated his conviction that no man could possibly be allowed to be even ordinarily educated who did not make this author his daily study.

A devoted Bible student said that if a man found himself to be deficient in any department of human knowledge—in anything, in fact—he should study the Bible. By implication he included all the branches of modern science, history, chemistry, etc. Possibly if asked how the Bible would aid a chemist in determining the best manner of extracting an alkaloid he might have modified his sweeping statement—but we doubt it—more likely he would have asked if the book gave any warrant for extracting alkaloids!

The particular bit of intolerance we have in mind at present is expressed in the discussion on Dr. Larned's paper on serums at the Rock Island meeting of the Illinois State Medical Society. Dr. Larned made a good presentation of the serum question, but went on to say that anyone who did not use his favorite remedies was "criminal." A member very temperately remarked that he had treated 127 cases without antitoxin and also without a death; whereupon Dr. Pettit objects to such unscientific talk being permitted in the meeting, and Larned says men who use the antiseptic method in diphtheria do not know what diphtheria is.

Let us see: Antitoxin is acknowledged to be useless after the fourth day of an attack of diphtheria. Many cases do not come to the doctor until this time—diphtheria is notoriously a disease treacherous and inconspicuous in its beginnings. What is the antitoxin-and-nothing-else-man to do? Nothing—let the patient die,

I. you go on exercising with a strained heart or a broken valve you will get worse till you either give it rest or die.—Brunton.

By massage you keep up circulation in skin muscles and abdominal cavity without putting any strain upon the heart.—Brunton.

with the awful warning to the parents to know better next time—a la Happy Hank.

Antiseptics are absolutely injurious, are they? Kindly account for the following experience, then, and point out the flaws in the reasoning: A child is first seen when the diphtheria has invaded the nose and all the passages leading from it; quantities of fetid pus streaming from every part of this widely extended mucous tract, the child lying pale and stupid, extremities cold, forehead hot, pulse thready; we have a pretty serious state of affairs. The believer in local antiseptics looks upon the symptoms as sapremic, due to the absorption of toxins from the mucous passages rather than to the presence of micro-organisms in the blood—and on this theory he cleans out the nasal tract with peroxide and similar agents, until everything removable has been removed. What is the result? The heat leaves the child's forehead and returns to the extremities, the pulse rebounds, the stupor disappears and the child sits up, asks for food, and the whole aspect of the case changes enormously for the better. As soon as the toxin factory is reproduced the symptoms return; so the cleansing operation is repeated as often as the accumulation of symptoms demands it—perhaps every fifteen minutes. When a man has thus snatched case after case from the jaws of death, it seems hard for someone who possibly never saw such an one, to come in and condemn him and his tried and successful methods in so wholesale a manner. That sort of thing does not help the cause of serums or that of truth. It gives a bad impression and retards the cause the extremist tries to further.

COLLECTIVE INVESTIGATION.

In developing still further the scope of this JOURNAL, as a clearing-house for the

thought and experience of the American physician, we come to the point where we must make a loud Macedonian cry for help to every reader of the JOURNAL. We, in the performance of our duties, have ransacked the entire civilized world, to gather and present all the available evidence as to the action in health and disease of each of the active principles treated in our "Text-Book of Alkaloidal Therapeutics."

This information is presented to you, our readers. It stands to reason that every observation made therein, every suggestion as to the clinical applications cannot be found applicable everywhere to the same extent. Possibly the observations made in the laboratories of Germany may be equally applicable in the great states of the North-east, along the Gulf coast, and in the arid regions of the Rocky Mountains; but it is by no means a certainty. Doing all that is in our power, we must stop short of the final test of these ideas—that of their application under all of the varied conditions presented in the practice of the American physician.

We therefore ask that every man who reads these words will feel it incumbent upon him as a duty, that he should assist in this work in the way in which only he can do it.

We want you, Doctor, to take these active principles, study the chapters concerning those which are applicable to the diseases coming now under your observation, and keep records of the results.

We want you to tell us whether each of the recommendations made is verified in your practice, or is not; and the failures, you understand, are equally important with the successes. An enormous fund of priceless information may thus be gotten.

Here is a report which is so much to the point that we present it to you: Dr. R. A. Black of Burnham (Maine), writes us as follows:

Caffeine has contractile power over involuntary and voluntary muscular fiber, so is a useful cardiac tonic.—Brunton.

Other tonics increase cardiac muscular power besides caffeine but by acting on nerves in heart and medulla.—Brunton.

"One case of epistaxis in an old man, with lax arteries and a non-compensating heart affection following influenza, was controlled in fifteen minutes after a dose of two granules of atropine. Bleeding had been going on for two hours quite severely. I have given atropine with benefit in congestive headache; for this there are, however, better remedies in the salines and chologogs. In vomiting due to whatever cause I have found atropine of distinct benefit."

Let us have in this connection an account of experiences with atropine as a hemostatic, in every form of hemorrhage in which you have an opportunity to try it. But if your practice does not just now embrace hemorrhagic cases, recollect that we need similar facts on whatever remedies you are now putting to use. We want to transform this whole huge aggregation of physicians into a grand association for clinical investigation. We will do the clearing-house work, however great it may be. We want you to make the observations and furnish us the records of the results.

We wish that we possessed the tongue of a Paul, to impress upon you the enormous importance of this matter. Just think what an opportunity comes to us: No other medical journal on the face of the earth reaches every month forty thousand practising physicians. Such an opportunity is simply too great to be neglected. Please, Doctor, let us hear from you in this matter.

THE TREATMENT OF UREMIA.

In the last edition on Bouchard's splendid work upon Autointoxication we find some interesting data concerning the treatment of uremia.

The author does not believe that the work of the kidney can be diminished by increas-

ing elimination from the skin and lungs; of the substances excreted by the kidneys they only remove water, and this is needed in the body to maintain the renal function.

To reduce the congestion of the kidney revulsants may be used. Reflex nervous irritation may be relieved by friction applied to the skin. Such drugs as digitalin and caffeine act upon the nerve centers and if they are not promptly excreted, as when the excretory function of the kidney is impaired, they may be retained in the system, and then the symptoms of drug intoxication will be added to those of the toxemia of the disease. Digitalin is only to be used when renal elimination is fairly good.

It is desirable to raise the vascular tension and thereby increase the renal activity; for this purpose cold enemas and cold drinks, especially milk, may be useful, because the cold stimulates the emptying of the portal vessels. Vomiting and purging are both undesirable since both cause lowered vascular tension through the removal of fluid from the body. While some toxic matter may be carried out through flushing the bowels the same amount of fluid will carry out vastly more through the kidneys.

Of therapeutic weapons of value, three are particularly insisted upon by Bouchard. These are (1) bleeding; (2) milk diet; (3) intestinal antiseptics.

By the extraction of thirty-two grams of blood we remove half a gram of extractives, and thus we may keep the toxins below the fatal dose. In thirty-two grams of blood we take out as much of these poisonous substances as we can in two hundred and eighty grams of liquid stool or one hundred of sweat. Bleeding is best in acute nephritis but its action is only temporary; in chronic forms it is useful only in emergencies.

The milk diet is most generally useful because of all foods it is free most from toxins

Digitalis increases the muscular contraction of the heart, slows pulse and causes contraction of the vessels.—Brunton.

Slowing the heart the ventricle becomes fuller, larger waves enter aorta, the veins are emptied, arteries filled.—Brunton.

and poison-forming substances. Potash, for instance, is a convulsant poison and milk is poor in potash. Milk contains few substances which are prone to putrefaction; and it is especially important to reduce the intake of putrescible material. Milk forms a dry fecal mass from which absorption is slow. We should especially avoid foods which are rich in extractives: meat soups and bouillons should be forbidden; the lean meats for the same reason. Milk, egg-white, cheese, and similar substances furnish the proteid elements of the diet. Milk also lessens the secretion of bile. An occasional saline purgative may be resorted to to wash out the bile which has formed and charcoal may be given to combine with the coloring matter, for in this the toxic part of the bile is found.

Lastly, to prevent intoxication from the bowel, Bouchard advises the use of intestinal antiseptics. For this purpose he suggests iodoform, charcoal, naphthalin and the bismuth salts. He says, "I myself have seen in one case, formidable uremic dyspnea disappear in twenty-four hours after the administration of naphthalin."

Bouchard believes that the intestinal antiseptic should be insoluble, that it may pass through the alimentary canal without change. With this we cannot agree. Charcoal, while admitting its remarkable power of absorbing gases, alkaloids, coloring and other matters, is too bulky a substance and too prone to accumulate in the bowels and to form obstructions. All agents acting chemically must be in solution or they are inert. While the sulphocarbolates may be absorbed from the upper bowel, they are largely thrown back into and reappear in the feces. Clinical experience has repeatedly demonstrated the power of these salts in deodorizing the stools, and the improvement of the patient following is too decided and too uniformly present

to admit of mistake. Sulphocarbolates cause no danger to the patient, produce little renal irritation and have the advantage of being effective, safe and cheap; and when properly administered they are devoid of unpleasant taste or action.

We agree in the main with the ideas of Bouchard. In this magnificent work he undoubtedly gives the essential factor to be considered in the treatment when calling attention to the importance of intestinal putrefaction in the production of uremia and crippling kidney affections. When he realizes the efficiency of the sulphocarbolates we feel confident that his faith in this method of treatment, will be still strengthened.

In this connection it is worth while to call attention to a recent paper by Croftan on the same subject. In his opinion uremia depends less upon the changes in the kidney than upon insufficiency of the liver. The liver is the great depurating organ which has the power not only of producing urea and uric acid, but of destroying the poisons which come from the intestinal tract. Given a crippled liver with deficient renal action and uremia results. But the crippling of the liver depends in large degree upon absorption of gastrointestinal poisons. The rational treatment, therefore, is to reduce the work of the liver, and to give it the largest possible amount of rest, by giving to the patient a simple non-irritant diet—and this is the reason why in these acute attacks the milk diet does good.

When the liver has had a period of rest Dr. Croftan advises gentle stimulation of the gland with the salicylates and particularly with the bile acids; calomel may possibly do good. The supplementary treatment with the sulphocarbolates, as we advise, is plainly rational, since these substances check putrescence and reduce to a minimum the poisonous ptomains which throw the heaviest

Heart beating slowly under digitalis pulmonary vessels empty more thoroughly into left auricle and ventricle.—Brunton.

More forcible muscular contraction narrows aortic orifice lessening blood driven back by aortic systole.—Brunton

burden upon the disintoxicating function of the liver.

Summarizing, therefore, we should be inclined to advise some such routine as this:

1. A milk diet in every case of uremia or threatened uremia; absolutely restricted at first, but gradually enlarged to include cereals, egg albumen, etc., but forbidding tea, coffee, all alcoholic stimulants, soups, bouillon, lean meats, and anything else likely to undergo putrefaction. In very severe cases starvation for twenty-four hours.

2. If vascular tension is low or urinary excretion small, increase the amount of fluid; water may supplement milk.

3. In general avoid all depressing measures, such as severe purging, vomiting or diaphoresis; in case of dropsy, however, the depletion may be indicated.

4. Clean out the bowels with small doses of calomel supplemented by saline cathartics; make good any loss of fluid by giving more bland fluids to drink. Ice-water enemas will not only assist in emptying the bowel but stimulate the portal system.

5. Keep the bowel sterile with the sulpho-carbolates, given until the stools become odorless.

6. After a period of hepatic rest administer small doses of the bile acids for gentle stimulation.

"THE COUNTRY DOCTOR."

In May we had something to say about the change in type presented by the country doctor in these days. During the present week we have had several such marked illustrations of the truth of our contention that we feel like quoting them.

One day brought us as a visitor a big fellow from the hills of Montana, a man who often drives forty-five miles to see a patient, and drives back the same team on the

same day, returning them to his stable undistressed and ready to go out on the road again the next morning. But don't imagine for a moment that our friend from the back country is in the slightest degree a back number. Instead of "reeking of the barnyard" he "reeks" mentally of the laboratory; tells us of the results of his use of the violet ray, and his laboratory examinations of mountain fever; of the proportion of cases of diphtheria occurring with him which present the Klebs-Loeffler bacillus; and how many of his typhoids afford the Widal reaction. He is also well up in the application of the serums, and asks pertinently what differences exist between a number of the modern organic compounds and nuclein. He knows of the practical applications of lecithin, is adept in the use of the alkaloids and a master of the cardinal principle of therapeutics presented by the intestinal antiseptic method.

On the same day there steps into our office a slender, keen-eyed, quick, alert, high-strung Mississippian, with all the suavity of manner and kindly heart that especially characterize the descendants of the French settlers in the Mississippi valley. While his territory is not so extensive as that of our brother from Montana, he is equally proficient in modern therapeutic means and methods, and ready to talk active principles, serums and modern mechanical appliances with the very best representatives of the city profession, yet as far as day is from night from therapeutic nihilism and pessimism.

We have many professional visitors, and we enjoy them, every one; but somehow this day we were particularly impressed with the visits of the two gentlemen described; and go back to our desks with hearts lightened by the consciousness that the bonds of brotherhood and ties of community of feeling exist and every day grow

Overdoses of digitalis cause quick, feeble pulse with anuria with collapse ceasing on discontinuing drug.—Brunton.

When the heart begins to dilate from nervous influence or valvular disease strain digitalis restores normality.—Brunton.

stronger between us and many an earnest worker in the field—city as well as country. 'Tis not the location but the man.

RHEUMATOID ARTHRITIS.

In a paper which appeared in the London *Practitioner* last July, written by Arthur P. Luff, than whom there is no man more competent to speak with some authority concerning this little-known disease, the statement is made that rheumatoid arthritis is a constitutional disease, the affection of the joints being the most important manifestation; that it is caused by microorganisms which enter the body through the alimentary tract, nose, pharynx and bronchi.

That rheumatoid arthritis is a *toxemic* disease there is an increasing opinion, and it is difficult for us, as yet, to see that it is essentially and necessarily bacterial; this theory does not seem to jibe with all the facts, and especially with its well-known predilection for the sedentary female sex.

Perhaps the most significant statement in Dr. Luff's paper, is that in the acute stage of the disease, if treated early, it is easily curable; while in the chronic form the progress may be arrested, the pain stopped, and greater movement of the joints secured, though of course it is out of the question to expect to restore bone and cartilage which have been destroyed. Luff has treated hundreds of cases with the most satisfactory results. In addition to a generous diet and judicious massage and movement he depends mainly upon two remedies: Guaiacol carbonate and potassium iodide. Under treatment with these remedies in chronic cases of the disease, the pain will be relieved, the enlarged joints will become smaller, there will be larger freedom of motion, and, in a word, the disease will be arrested.

The guaiacol "prevents further infection

from the intestines and after absorption, by combining with bacterial toxins, assists in their elimination." The potassium iodide assists in the absorption of fibrous tissue overgrowths. As will be seen, this method of treatment fits in well with our own. We believe that this disease, like many others, is an autointoxication and that in very many cases the *materia peccans* comes from the intestinal tract. What is the remedy then? Intestinal antiseptics of course, with well-directed elimination. We have and still do preach the doctrine of "cleaning out"—thoroughly, thoroughly done, with calomel, podophyllin and the salines—keeping clean with the sulphocarbolates and conserving and strengthening the depurating action of that most important gland, the liver, by appropriate medication. In our opinion a treatment along these lines will give remarkable results in most of these cases.

Of course this does not preclude the necessity for any other indicated treatment, and it is particularly important to attend to any disease of the sexual tract, especially when it occurs in women near the menopause; but in most cases, even here, the treatment will prove marvelously effective.

APPENDICITIS IN THE FRENCH ARMY.

The no-medical-treatment-of-appendicitis dogma has received a severe jolt from the recent report on this malady from the French Army hospitals. Of over 600 cases nearly 400 were treated medicinally with a mortality less than 1 per cent; of the remainder treated surgically the deaths were over 11 per cent. Still, each surgeon can truthfully affirm that the deaths did not occur under his care, and certainly every one of the men alleged to have been cured medicinally will eventually die of appendicitis if not of something else.

In the first stage of aortic regurgitation digitalis is of little or no use, I think sometimes harmful.—Brunton.

In aortic regurgitation during diastole the arteries empty and you risk syncope from digitalis.—Brunton.

LEADING ARTICLES

INTESTINAL AUTOINTOXICATION: WHAT IT DOES AND HOW TO CONTROL IT.

THE BASAL CAUSE OF MOST CHRONIC DISEASES AS WELL AS THE DETERMINING FACTOR IN MOST ACUTE AFFECTIONS.

BY W. C. ABBOTT, M. D.

TO ANY one who keeps up with the trend of medical literature it is evident that the long and bitter fight for the doctrine of intestinal sepsis and auto-toxemia is over, and that its adherents have won out. Nothing is left but to receive the surrenders and collect the booty—the greatest advance in medicine that yet enlightens its horizon.

This victory (for victory it is) is far more significant than may at first appear. It is the first success won by the clinician, who has demanded that his own observations shall receive equal consideration with those made in the laboratories. We have maintained that the phenomena following the exhibition of a remedy to a human being are as real, as ponderable, as those following the administration of a drug to a rabbit; and that we also have eyes that see, ears that hear, and brains that reason as correctly as any other men educated in modern science.

For years we have contended that very decided relief followed the complete emptying and disinfecting of the alimentary canal, in many forms of disease; and that this in itself showed that the portion of the symptoms thus removable must therefore be due to the presence of this matter in the alimentary canal. But it seemed that the professional ear was so absorbingly trained toward Germany that nothing uttered on this side

of the ocean could penetrate the tympana of our brethren. Whenever we did succeed in inducing someone to listen to us, we were impatiently informed that that theory had been duly considered and had been abandoned long since. The non-mechanic therapeutics of the prevalent cliques seemed to be comprised in the four words—Wait for the serum! Meanwhile the field of practice was to be abandoned to the surgeon and the quack.

There is only one way to establish a truth, and that is, be sure it *is* truth and then stick to it; hammer it into the heads of your opponents; sit up nights devising new ways of saying it; search for crevices through which you can insert it between the joints of their armor; and, in a word, persist until the world is convinced or has succeeded in convincing you. Many a time and oft we have been ponderously squelched, laboriously controverted, extinguished by effulgent authority, ignominiously ignored, impatiently passed by, in fact every means has been employed to drive us from the field except the one only effective one, of showing us that we were mistaken.

Now the outlook is quite different. Passing a group of distinguished physicians, teachers of therapeutics, surgeons, etc., we heard one of them remark: "There is no question but that autotoxemia is at the basis

of two-thirds of all sickness." To which I responded: "Make it 90 per cent, and you will be nearer right." He replied: "All right, Abbott, eliminate infectious diseases and I'll stay with you."

Go where you will, hear what doctors say, read what they write, listen to their discussions in society meetings, and nothing is mentioned so frequently as autotoxemia, nothing is more earnestly discussed.

In the first page of his monograph on "Autointoxication" von Noorden says: "At first we German physicians were by no means inclined to accept the theory of autointoxication that was being so enthusiastically proclaimed. Of late years, however, our attitude has become more friendly to the doctrine; this change of front is due to the fact that a number of toxic products of metabolism have actually been isolated and their mode of origin in the organism and their pathologic effect determined to the satisfaction of the former critics of the doctrine."

Von Noorden's study of acidosis has done much to clear up the obscurity surrounding the subject of diabetes and its coma.

The investigations of Selmi, Brieger, Pasteur, Fraenkel, Hankin and Martin, have shown the formation in the human body of the putrefactive alkaloids, and their effects on the system when combined with acids. The effects of the ptomains, formed in the body by the action of bacteria, and of the leucomains produced by the processes of tissue metabolism, have been elucidated especially by Bouchard, to whom is largely due the credit of demonstrating by laboratory investigation the presence and the specific properties of these substances.

Pasteur separated the microorganisms into the aerobic and anaerobic, those whose biology required oxygen and those that proved to be independent of this element. Vaughan and Novy supplied by the discov-

ery of tyrotoxin, and their subsequent researches on both ptomains and leucomains, material which under other conditions would have started a *furor* for the theory—but the wind set too strongly from the East just then. A second great discovery of Vaughan, that of nuclein, opened a new field to the practitioner. Ehrlich, Herter, Metschnikoff, and many others are still at work seeking to weave these and other threads into coherent theories.

Turning to the intestinal canal, Vignal, and others showed that man is born bacteria-free but soon is invaded by microorganisms. Many varieties are found in the intestines, some of which secrete ferments acting as do those of the human organism. The large bowel especially swarms with these organisms, an adult man, according to Vignal, passing daily from 30 to 50 billions with his feces. Of these many are harmless under ordinary circumstances but develop pathogenic qualities when these conditions are changed, even by the retention of the fecal mass in the bowel longer than the necessary period.

Man, says Bouchard, stands continually on the brink of a precipice, the threshold of disease due to self poisoning. From this he is held back by the restraining influence of the gastric juice and other digestive secretions, and by the constant efforts of the eliminant organs. Stop the excretory operations of the lungs and he dies in a few minutes; of the skin, and death is a matter of a brief period; of the kidneys and he dies in some hours; of the bowel and the fatal issue is simply longer in coming but no less certain. It is now known that the liver stands in the way of the ingress of poisons and turns much noxious material back into the bowel for excretion. But if this matter is not excreted in the normal time but remains in the large bowel, where there is a minimum of the protective alimentary acid, it not only

Disinfection should begin at the beginning and continue throughout an infectious disease.—Ill. Board of Health.

All articles of bed clothing and body clothing should be disinfected as soon as they are removed.—Ill. Bd. of Health.

develops new virulence and toxicity but is reabsorbed by the reversal of the normal osmotic current which flows into the blood instead of the bowel.

Meanwhile the clinicians had from their observations arrived at the conclusions reached later by the laboratory experimenters. Sir Lauder Brunton gave utterance to the pregnant suggestion that the group of chronic maladies of the spinal cord would be found to be caused by toxins absorbed from the alimentary canal. Sir Andrew Clark directed attention to the influence of fecal absorption in determining anemias, and a certain proportion of so-called essential or pernicious anemias were thereupon removed from the category of "progressives." The abdominal surgeon found that his results were improved by emptying the alimentary canal before operation, thus preventing reversal of normal osmosis.

Our own observations commenced with the application of germicides in the treatment of cholera infantum and other forms of summer diarrhea. Long before the discovery of tyrotoxin or the foundation of the Rockefeller Institute, a treatment for this malady had been discovered that has proved amply effective and today after a quarter century of practical testing stands without a rival. It was their work with the sulphocarbolates that drew Dr. Waugh and myself together in thought and work, years before we had met in person.

The remarkable results obtained from the sulphocarbolate of zinc in cholera infantum led to its application in the treatment of typhoid fever, with scarcely less pronounced benefit. The immediate and decided beneficial results of this treatment led to its promulgation with a positiveness of assertion and enthusiasm that aroused antagonism and skepticism, yet without which the voices of its friends would never have been heard

among the babel of conflicting cries for recognition. The method was put to practical tests throughout the country, however, with such results as to impregnably intrench it against all assaults. Many thousands of physicians have found in the sulphocarbolates weapons they refuse to discard for any others, no matter how maliciously the one is assailed or how strenuously others are promoted.

Unfortunately (?) the sulphocarbolates cannot be rendered proprietary except on the basis of purity while other contraptions can. Hence the interest of the so-called "great ethical" houses and their me-too supporters in the profession in opposing this most rational suggestion.

But the real doctor knows—he is using them—There's a reason.

While this method proved successful alone in the ordinary cases of typhoid fever it soon developed that in some the benefit was not manifest. These were cases where constipation ruled instead of the ordinary diarrhea. It was manifest that a few grains of a salt could not be expected to penetrate comparatively solid masses of feces and destroy the microbes protected therein by the bulky residua; hence the initial emptying of the bowel proved essential as a preliminary to disinfection. This also turned out to be a more serious matter than was apprehended—it is not a mere dose of calomel followed by a saline laxative flush that will in all cases empty the bowel, but sometimes it is a difficult and perilous task, requiring cathartics and colonic flushing carefully administered for a week or more (with liver stimulation by the salts of the bile acids), before the long-retained masses, of stony consistency, are broken up and rendered pliable enough to be moved by the weakened peristalsis. The superstitious dread of disturbing an inflamed bowel, taught by the textbooks, has

Use of liquid disinfectants composed of calcium chloride, carbolic acid or corrosive sublimate recommended.—Ill. Bd. of Health.

Disinfect privy with chloride of lime, 6 ounces to gallon, five gallons daily; same solution in water closets and sinks.—I. B. H.

induced many to choose the greater evil of leaving this inflamed surface in contact with the *deadliest toxic substance known to our science*.

At first the benefits derived from this medication were explained by the easy hypothesis that the zinc "killed the germs." But Koch showed that it had little if any effect on the spores of anthrax; and evidence developed that the good effects of the sulphocarbolates were manifest in other fevers like pneumonia, which were not attributable to microorganisms in the alimentary canal. As yet the modus of the action is undetermined. The sulphocarbolates may prevent the multiplication of the microbes, or their toxin production, or neutralize the latter, or endow the tissues with resisting powers, or act in some other manner that will be made known when our knowledge of the biology of these organisms increases. Many years ago the elder Wood announced that the flesh of animals treated with sulphocarbolates was singularly immune against decomposition. Desirable as it is to comprehend the exact powers of a remedy we must in this case wait for further edification, content with the fact of its efficacy and our general knowledge that it opposes germ-action in some way, with power and certainty.

A new chapter was however opened by the observation of beneficial effects accruing from the administration of the sulphocarbolates in pneumonia. This was at first attributed to inaccurate observation, as the salt acts only in the alimentary canal and not through the blood; but every clinical trial made confirmed the claim of benefit. Trials were made in other fevers, and the truth slowly developed, that in all fevers, specific or symptomatic, there is a decided benefit to be obtained by beginning the treatment by clearing out the bowels and keeping them disinfected by means of the sulphocarbolates

throughout the course of the malady. It has been estimated that by this means alone about one-third of the entire symptom-complex is removed, thereby placing the attack within the category of mild or even abortive forms of the fever. The effect on the prognosis is obvious.

Let us see if these clinical observations are in harmony with our knowledge of the conditions presenting in the pathologic physiology of fever. We start with the well-known fact that in health the virulence of the intestinal microorganisms is controlled by the digestive secretions. These are largely reduced or even entirely suspended when fever arises. Meanwhile under the influence of increased heat and an abundant supply of decomposable organic material in the bowel, the microbes multiply and assume virulence. Here we have the elements of an increase in the quantity and the toxicity of the microbic products. The increased radiation of water from the skin causes a scarcity of this fluid in the blood, which recoups itself by active absorption from any available source, and the stools become dry as the fluid parts, carrying their dissolved toxins, are absorbed into the blood. Hence we may say that an increase of this form of autotoxemia is a necessary phenomenon of any and all forms of fever, no matter what the essential nature of the exciting cause.

Add the elimination of this material to the ordinary labors of the kidneys, and the task of excreting the specific products of the specific fever—cause and processes, and it is easy to see that by subtracting this much from the work the eliminants must do to sustain life, we may materially influence the result of the attack, even allowing for the specific cause all the importance claimed by its advocates. We must therefore ask our readers, if when any man affirms that we are unable to influence the course of a fever, he

Keep cellar, outhouses and yard clean; remove rubbish, decaying matter and stagnant water; whitewash and disinfectants.—I. B. H.

Wash woodwork with bichloride solution, 1 to 1000; burn mattresses and pillows; saturate wall paper with HgCl and remove.

speaks from the ground of fact or of his own limitations as to the knowledge of fact?

So far as to fevers: What is there to be said as to the other departments of practice? The importance of gastrointestinal mycosis is generally admitted, and the value of the therapeutic principle of ridding the alimentary canal of unwholesome substances and even of disinfecting it, has few if any questioners. Nor is there any more question as to the necessity of relieving the eliminant apparatus of undue and unnecessary labor when these are deranged. No sensible man would fail to relieve a lame kidney any more than he would a lame leg, by affording all the possible rest until a cure could be accomplished. Moreover we have learned to look for the causes of disorders of the kidneys, skin, liver, etc., in undue labors thrown on these organs by unhygienic habits. Compel the skin and kidneys to perform continuously the vicarious or excessive elimination which they can do with impunity temporarily, and disease of the unnaturally tasked organs will result. Hence we seek to remove the improper strain, and when this is due to constipation and fecal absorption the remedy is obvious. Throughout the entire field of medical practice the injunction holds good, to keep the eliminants in activity and to relieve them of unnecessary labors.

Turn to another department—the causation of disease. There is perhaps a disposition on the part of some enthusiasts to exaggerate the part played by microorganisms. Great as is their field, there is still as certain and obvious disorder resulting from the application of a drop of sulphuric acid to the skin, or of a pervasion of mercaptan to the nervous tissues through the blood, as by the presence of a swarm of microbes and their toxins. The influence of the continuous presence in the blood of toxic substances absorbed from retained fecal masses in the

bowel, can not but be injurious to the delicate highly-specialized cells, and result, in time, in disease. We know better than to assume that any effect can be without a cause, and until we have more accurate knowledge as to the causes of many chronic maladies we may provisionally assign them to this one, and treat them on this hypothesis. One distinguished specialist in maladies of the nose assured me that he had discovered the secret of managing chronic nasopharyngeal catarrhs, in keeping the bowels clear and clean. Let us at least assume that it will do no harm and certainly some good, to secure to chronically-diseased tissues a supply of non-toxic blood. On this may be engrafted whatever further treatment the case may require.

One day, when talking over the wide applicability of this therapeutic principle, Dr. Waugh remarked: "The care of the *primæ viæ* is one of the foundation stones of modern therapeutics." To which I replied:

"CLEAN OUT, CLEAN UP AND KEEP CLEAN!"

This summary of the matter has been repeated far and wide, until it bids fair to become one of those axioms that are universally accepted by the profession.

As yet it is impossible to trace the progress of the sulphocarbolates through the system. Part of them seems to be decomposed into phenol and sodium sulphate, the latter being eliminated through the kidneys, the phenol further splitting into hydroquinone and pyrocatechin, and leaving the body by the lungs and kidneys. Most of the sulphocarbolates, however, is eliminated as such by the bowels, and the entire course of the alimentary canal is subjected to its local action. Of this, however, we may speak with the confidence that comes of wide experience continued over many years—no toxic effects are manifested by these salts even when administered in daily doses reaching two drams and more.

In aerial disinfection paste slips over cracks, key-holes, along sides windows and doors; stop fireplace if there be one.—Ill. B. H.

All loose articles that cannot be washed should be spread out on chairs, where accessible to disinfectant.—Ill. Bd. H.

This—provided the sulphocarbonate is the pure para salt.

But the matter of chemical purity is so all-important that we must say a word more: When we commenced to use the sulphocarbonates the market-supply was so impure that great difficulty was experienced in securing any fit for internal administration. The supply has improved as the salts came into extensive use through our efforts, but the necessity of absolute purity has compelled us to insist that the supply be procured from a source where there shall be no danger of variations in quality. These pure salts are devoid of all disagreeable and injurious action, and may be given without fear of irritating the stomach or causing carboloria.

An investigation recently made by a prominent laboratory at the instigation of others than ourselves revealed the fact that of all the specimens then to be found in the market only one, that put out by The Abbot Alkaloid Co., was pure, while some had scarcely a trace of sulphocarbonate, consisting of calcium sulphate and similar worthless ingredients.

We are too deeply involved in the advocacy of the sulphocarbonates to take the risks of having our claims upset and our standing weakened by trials made with such specimens. Nor can we sit quiet and see human lives sacrificed that we know could be saved by pure sulphocarbonates. Let us add that this should not be construed into an aspersion against the great chemical houses—in conversation with the head of one of the most illustrious he remarked that he was not aware that the sulphocarbonates were utilized for man, or given internally. The expense of chemical purity was hardly warranted for a salt only used for lotions for mangy dogs!

Of the three sulphocarbonates that have

come into general use, the zinc salt is the most astringent, and has the greatest chemical power. It is to be selected when the direct effect in the bowel is most requisite, as in typhoid fever and cholera infantum. When acidity is marked, or the stomach is too irritable for the zinc, sodium sulphocarbonate may be preferred, in larger doses. But in many instances the reconstructive influence of lime is also required, as in phthisis, in children whose development is defective, rickety or otherwise cachectic persons, and when there is a tendency to hemorrhage; and then, as in convalescence also, the calcium sulphocarbonate is best. In many cases the union of the three will be found to meet the indications and prove acceptable to the stomach. Adults may take either salt up to two drams a day, or more. But rarely will more than forty grains each twenty-four hours be required if the foregoing considerations are complied with; "clean out, then clean up, then keep clean."

As an illustration I will quote a case that has just come to me: A physician reported that he was giving the pure sulphocarbonates, ten grains every two hours, to a thirteen-year-old girl with typhoid fever, but despite the preliminary doses of calomel followed by saline, and a colonic flush, the temperature remained above 104° F. The hygienic environment was as bad as could be described, the house situated in a yard inhabited by numerous pigs and cattle, draining into a shallow well from which all the drinking water was drawn. Nevertheless, there is a certain habituation that comes from bad hygienic surroundings, and I doubted that this accounted for all the severity of the case, and directed my friend's attention again to the colon.

He now writes me as follows: "The case has shown a wonderful change since giving

Expose everything to sun after disinfection. Beat carpets thoroughly. Soak bichloride into all cracks. —Ill. Bd. of Health.

Burn all books, toys and articles of little value that have been handled by the patient; books not handled opened and fumigated —I. B. H.

an enema of a pint of kerosene, through a soft rubber catheter passed into the colon; getting away an enormous mass of dark, foul-smelling fecal matter. The temperature was only 99.4° F. yesterday at 4 p. m., she was resting quietly and the delirium almost gone. She had five grains of calomel and an ounce of castor oil the next morning."

So far as we know, Dr. R. A. M. Collins, of Gilbert Station, Iowa, is the first to employ kerosene enemas in typhoid fever. But this is only one of many instances which have come to our attention where this simple remedy has enabled the physician to secure that absolute essential to the securing of intestinal antisepsis, an empty as well as an aseptic bowel. I have lately had two striking cases in my own personal practice which illustrate in a most remarkable manner the grave character of the symptoms which may follow the accumulation of decomposing feces, and the remarkable change for the better which occurs when the bowels are "cleaned out" with the kerosene enemata—but that is another story.

And the results? Those who have followed the teaching of this journal and have read the hundreds of enthusiastic reports which have come in from the workers in the field do not need to be told again of the results to be obtained with the sulphocarbolates. All over the world physicians are curing cases of typhoid fever, cholera, cholera infantum, dysentery and the host of other diseases originating in the intestinal tract, which they had formerly believed (because they had followed the teaching of the text books) were practically beyond the reach of medicine. Today we have a letter from a medical missionary in Asiatic Turkey, who has, as he says, "a clientele of at least 200,000 with a fifty-bed hospital." And this is what he reports: "Sulphocarbolates and turpentine make it a rare thing to lose a case

of typhoid. I have had hundreds of cases of typhoid and also of pneumonia during the past year and very few deaths."

We could fill many pages with reports like these: "I am one of those practitioners who believe that the physician can frequently jugulate and cure disease; and the sulphocarbolates are prominent among the arms with which to conquer those of the heated season." "I have had fifty cases of cholera infantum this season and have not lost a patient" (using the sulphocarbolates). "I have treated eight cases of typhoid fever with sulphocarbolates with perfect recovery and no complications." "From May to December I treated 95 cases of typhoid fever by the alkaloidal method with two deaths, one of these a child five years old complicated with meningitis." "In treating intestinal indigestion, dysentery and typhoid, good results may be expected from a fair trial of this old friend." But why enumerate farther?

The field for the pure sulphocarbolates, as we have already suggested is an enormous one, including not only those diseases of the digestive tract in which there is a primary and imperative indication for its use, such as typhoid fever, cholera infantum, dysentery, diarrhea and many forms of indigestion, both intestinal and gastric—wherever in fact there is decomposition or fermentation within the canal—but also practically all of the infections, both acute and chronic, most of the visceral diseases, especially those of the liver and kidney, wherever absorption of poisons from the bowel is likely to add a complicating feature to the primary trouble. We can but suggest here; but put your "thinking cap" to work and you will see that these remedies are indicated in all the summer diseases, in Bright's disease, diabetes, gout, hepatic insufficiency, all the contagious diseases and scores of other

Burning of sulphur in the presence of moisture has been found an effectual method of gaseous disinfection.—Ill. Bd. of Health.

Use four pounds of sulphur for every 1,000 cubic feet in the room; burn sulphur in pot or pan standing in a vessel containing water.—I. B. H.

troubles of which also autointoxication is unquestionably the direct primary or exciting cause.

In all of these things—try and see! The

heated season is here and the indications are of daily occurrence. Let us have your reports.

Chicago, Illinois.

ELECTRICITY AND THE X-RAY.

BY CORBAN E. JUDD, M. D.

Professor of Electro-Therapeutics and Radio-Therapy, Kansas Medical College.

ELECTRICITY, as we know it today, is of comparatively recent origin, but it was discovered by Thales of Miletus in the times of the ancients. This investigator discovered that amber, on being rubbed, had a certain peculiar property which manifested itself by attracting various light bodies. Thales had no idea it was electricity, for the science had not been named such at that time. He accounted for the peculiar property by saying that "amber had a soul."

Many ancient philosophers studied and commented on this peculiar, animated substance, but none had the faintest idea that it was the same mysterious power which was in the lightning. Centuries passed and the record of Thales was never lost sight of, but still no progress was made, until the beginning of the 17th century, when Gilbert of England began to study the properties of amber, or the electron as it was then called. From his researches, the science was named electricity. Although his work was principally the enumeration of various substances capable of producing electrical action, and the various electrical actions of the electron and magnet under different atmospheric conditions, it was a great advance in the science. His work entitled "De Magnete" made him famous over all Europe.

The next important step was when Otto Guenicke of Magdenburg, Prussia, made a machine for generating electricity. It was

simply a sulphur globe mounted on an axle and turned with a hand crank. The electricity was generated by holding a cloth against the revolving globe. He and other investigators produced some startling results with his new generator, but still the 17th century passed with no additional discoveries.

In the 18th century, electricity was once more called to the attention of the scientists by the invention of a glass-plate machine, by Hawkesdee, an Englishman, and this machine was certainly a wonderful improvement over the old sulphur globe of Otto Guenicke. In 1730, another Englishman, by the name of Steven Gray, began to investigate the science, and in the course of his research, discovered the essential principles of electricity. Considerable advance was also being made during this same period by several Frenchmen, one of whom, Prof. Munchenbroke, made a most important discovery. He had been trying to invent some receptacle which would hold electricity, and from which it could not escape by itself. He took a glass vessel, partly filled with water, and charged the inside of the vessel with electricity from a glass plate machine, then he accidentally made a connection between the outside and inside of the vessel, and was suddenly terrified by receiving a powerful shock. He had invented a Leyden jar. Soon it was the wonder of the age, and was demonstrated to the peasants and at Court by scientists and charlatans,

Take a wash tub and lay in two or three bricks; fill with hot water to level of bricks; put sulphur in pan on bricks—I. B. H.

Moisten sulphur with alcohol and ignite; when sulphur begins to burn leave room and paste paper over cracks about door.—I. B. H.

who treated various diseases with these electrical shocks. Many believed they had discovered the secret of life, as even dead bodies would move on receiving the powerful discharges. Later, these jars were improved by coating both sides of the glass with a thin layer of metal, about the same as we have them today.

In our own country, the first record we have of this science is when, in 1747, Benjamin Franklin imported one of Hawkesbee's glass machines, and began his researches in Philadelphia. He performed many new and startling experiments, and even sent directions he was doing the same to the Royal Society of London. Later he insisted that the lightning was produced by the same agent that his machine generated. The Royal Society of London made light of his theories, and even refused to make a record of his papers read before that scientific body. He urged scientists to prove his theories by putting iron points on some high dome, and see if the discharge would come down the points. Many, at first, considered him a deluded provincial, and scoffed at him, but some tried the points, and several investigators met their death on account of being too near the same when the lightning descended during a storm. That convinced the doubters, and at the same time, in 1752, Franklin proved his own theories by flying an iron tipped kite during a thunder storm. So we owe Franklin all the honor for that great discovery.

About this time the medical profession took an interest in the new science, and many wonderful cures were reported. It was found to be especially successful in paralytic cases. It was also discovered that electricity would increase the action of the heart, stimulate the various organs of the body and also the intellect. The professional men began to think they had discovered a panacea for

all ills to which the human race is heir. With more experience they discovered that such was not the case, and then, simply because their hopes had not been realized, a strong reaction set in, until finally they could not even see the few really good results obtained by this agent.

Fortunately, many able scientists continued their experiments, but still very little practical application could be made of it for the benefit of mankind during the 18th century. But just at the close of this century, galvanic electricity was discovered by Prof. Galvani, and a few years later, in 1800, Volta made the first galvanic cell. It was soon discovered that the hardest known substances could be melted, and volatilized by this new current. Chemistry became practically a new science. Later, in 1820, Oersted discovered the principle of the magnet which had long troubled the scientists, many of whom thought magnetism was connected with electricity, but could not prove it. He demonstrated how he could magnetize an iron bar by passing the galvanic current through a wire coiled around the bar. It was a noted achievement, and of course, is the great principle on which the operation of the telegraph is made possible.

Later, in 1831, this principle made possible the invention of the induction coil by Prof. Faraday of England. At this time you see there were three currents: the static or Franklin; galvanic or voltaic; and the faradic or induced. Rapid improvement was made in constructing electrical machines for therapeutic purposes, but about the middle of the 19th century, the same thing happened that occurred in the century before. On account of imperfect instruments and too great expectations, which were not realized, there was a marked decline in the use of electricity for therapeutic purposes; but

The results made by careful observers do not substantiate the extravagant claims made for formaldehyde.—Ill. Bd. of Health.

Formaldehyde is entirely harmless to clothing, furs, rubber goods, leather, paper, paintings, wood-work or furniture.—Ill. B. H.

at the same time, there was a very marked and rapid advance in its use commercially.

Upon it you all know, depends the operation of the telegraph, electric lighting plants, electric street cars and motors for various purposes. It is also used extensively in the arts and manufactories, and practically all this wonderful advancement was made during the last century. With the discovery of the x-ray in 1895, and later wireless telegraph, we are no doubt entering upon a century which will unfold still more wonderful electrical achievements than any that seem so common to us now in our every day use of them.

In our own country, electro-therapeutics was at a very low ebb, except in the hands of quacks, until Beard and Rockwell, of New York, began the scientific investigation of the subject and published the first really authentic work in that line; compiling a book containing all the world's knowledge of electricity, as applied to the treatment of disease. This book, entitled "Medical and Surgical Electricity" was first issued in 1871. From that date there has been a gradual revival of the use of electricity among the profession, which has been especially marked during the last few years, on account of the discovery of the Roentgen ray, and the wonderfully improved therapeutic instruments. The early instruments of course were very crude, but with the instruments in use now, you can measure the amount of electricity you are giving your patient quite accurately, and also measure the strength of your x-ray tubes. There is still room for many improvements, and there is the most urgent need for fixed standards in the construction of instruments, for the benefit of the whole profession.

So much for a brief sketch of the science from its infancy to the present day.

I will not go into detail in treating of

electro-physics, but simply state the general principles of electricity and the electron theory, as follows:

There are two kinds of electricity, positive and negative. Like kinds repel each other, and unlike kinds attract each other. The positive has a higher potential than the negative. An unelectrified body contains equal quantities of positive and negative. Lastly, the attractions and repulsions decrease in proportion as the square of the distance increases.

The following quotation from W. J. Herdman may be of interest: He says "According to the electron theory, all matter is composed of infinitely minute corpuscles termed 'electrons'; each being less than 1-800 part of the weight of an atom of hydrogen, the smallest atom known hitherto. These electrons move through ether with marvelous velocity, generating about them as they move, a magnetic field. When the direction of their motion, or their rate of movement is suddenly changed, waves in the ether result from such change. These ether waves are what constitute the electro-magnetic rays, heat rays, light or optical rays, ultra violet, hyper-ultra violet, and Roentgen rays.

"The rapidly moving electrons themselves are what we know as cathode rays, Becquerel rays, and certain of the rays which emanate from radio-active substances, such as uranium, radium, thorium and the like. The assumption now is that all matter is constructed of aggregations of these electrons, which are indestructible, uniform in size, always the same, and that all electrification is composed of charges carried by these small bodies. Each electron has a definite charge of electricity, viz., the same charge as is conveyed by each single atom when a current is passed through a chemically conducting fluid.

The sheet method of disinfection with formaldehyde has been found unsatisfactory by the Ill. Board of Health.

The use of the paraform pastilles for the generation of formalin was found satisfactory by the Board, but expensive.

"Electric currents are always due to the locomotion of these electric charges, whether in solid, liquid or gaseous conductors. From every kind of material, the same and no other kind of electron can be obtained, and we have reason for asserting that no other kind exists. From the many well-founded observations which have given rise to this theory, confirmed and verified as they have been by the leading physicists throughout the world, the conclusion has been reached that matter appears to be composed of positive and negative electricity and nothing else."

In the time allowed, it will be impossible to describe the various electrical machines, or the various electrodes used with them, to apply the current in therapeutic work. But in studying electro-physiology, we find that no electrical currents are demonstrable in uninjured muscles or nerves.

Since all unelectrified matter contains equal quantities of positive or negative electricity, there can be no current unless there is some inequality in the potentials. But we do find that electrical currents can be demonstrated in injured muscles and nerves. For example, make a cross section at one end of a muscle, and then by means of the galvanometer, we can have a current pass from the uninjured portion of the muscle toward the injured portion. That proves that the injured part is negative to the uninjured part, and, of course, makes a difference of potential; hence the flow of electricity. This difference may be caused by chemical or mechanical violence. The death of the injured part is rapid, and soon no current can be demonstrated, except by causing contraction of the muscle. Lastly, we find that any stimulant which produces contraction of a muscle, produces electrical currents by that process of contraction.

The physiological effects of the different

electrical applications may be classified as local and constitutional. Locally, with the static modalities, we produce a warm or cool sensation to the skin, depending on the kind of clothing through which the current passes, lessen hyperemia, relieve pain, produce muscular contraction, increase local secretion and metabolism, also produces diaphoretic, rubefacient and antiseptic effects. Constitutionally they produce general lessening of the arterial tension with diminution in the frequency of the heart's action. Respiration deepens and an increased amount of carbon dioxide is eliminated. It is a frequent occurrence for patients to fall asleep during a treatment, due to the soporific effects.

Of all the currents, the Morton wave has the most powerful tonic effects on all the organs, gradually restoring them to their normal activity.

Electricity is not a "cure-all" by any means, but a great many diseases can be cured easier with some form of it, than with medicine, and many so-called surgical cases can be easily cured without a surgical operation. The various forms, including the x-ray, high frequency, etc., can be used to great advantage in such diseases as eczema, acne, psoriasis, lupus, malignant diseases, rheumatism, neuritis, gout, osteomyelitis, arthritis deformans, paralysis, locomotor ataxia, pelvic inflammations, internal fibroids, nervous cases, and in the removal of hair and birth marks. In treating malignant diseases, we find that the deeper the trouble the less certain we are of a favorable result. Sarcomas are less easily influenced than carcinomas, as a general rule. Superficial skin cancers can be easily cured with x-ray alone, or with x-ray combined with some static modality such as the brush discharges, or high-frequency current with the glass vacuum electrode. Under light therapy, as you all know, the Finsen light and the ultra-

Evaporation of formaldehyde solution by heat in an ordinary kettle is simple and has been found most satisfactory.—I. B. H.

Simple and effective way of generating formaldehyde is by mixing solution with crystals of potassium permanganate.—Ill. Bd. Health.

violet light are used with very favorable results, especially in skin diseases, such as lupus.

The technic used in different cases will probably be of very little interest to you, so I will pass over that, and give you a few general points of interest about radiography and radiotherapy. In taking a radiograph and also in treating a case, the most important point to be considered is the focus of the Crookes' tube. Unfortunately, tube manufacturers have no absolutely accurate means of making tubes alike in all particulars, and so you rarely see two tubes with the focus point on the anode in exactly the same place. To overcome this trouble, you must have some instrument for determining the proper focus. I use the compression diaphragm apparatus, and with the tube properly adjusted in the saddle, a perfect circle will appear on the plate or fluorescent screen. This circle is made by the end of the lead tube, through which the rays pass. With such a scientific instrument we can prevent or prove any error in diagnosis caused by not having the tube in perfect focus. For example, take a case of locating a bullet by the old guess method, and if you happen to get the focus correct, the bullet will show in its correct relation in the part, but, if the main rays should strike the bullet at an angle, the shadow would appear in a false position. But with this compression apparatus, if the circle is perfect, that proves that the focus is absolutely correct, and the bullet is exactly where the plate shows it.

Now in the case of fractures and laps a very important point to remember is, that if a radiograph is taken accurately (and by accurately, I mean that the evidence shows on the plate itself, in the shape of a perfect circle) then the lap cannot possibly show larger than it really is; but if the part is placed so that one bone is on top of the other,

then, of course, the deformity will show less prominently.

In taking a radiograph of the same part, by the guess method of focusing your tube, you may make the lap appear either much more than it really is, or much less, depending upon the position of your tube. But, of course, in such a case your plate will be sufficient evidence to show that there is no mark or circle to prove whether the radiograph is accurate or not.

This compression diaphragm has also two other very important features; one is that no rays strike the patient or plate, except those which pass directly through the lead-lined tube. The second is that the tube is adjustable so that you can fix the part to be radiographed absolutely immovable, by pressing the tube down upon it, and also diminish the thickness of the part considerably, which is very important, especially in taking a radiograph of the kidney, or any other abdominal work. That not only helps prevent respiratory movements, but thins the abdominal wall so you can readily show the outline of the psoas muscle, which is absolutely necessary in making a negative diagnosis of renal calculi. With this instrument connected to my coil, I can easily take the thickest part in from thirty seconds to three minutes, depending on whether I use the electrolytic interrupter or the mercury, and also on the penetration of the tube.

In both radiographic and radio-therapeutic work, the next important point is to know the penetration of your tube. For deep body work you must have a high tube, for superficial work a lower vacuum tube is desirable. Until this last year we have had no scientific instrument for that work, but now I use the penetrometer. This instrument has eight holes covered with different thicknesses of a standard gauge metal. The higher your tube, the more holes will

Only apparatus needed for formalin-permanganate process is a common milk pail set into a wooden or pulp bucket.—Ill. Bd. Health.

Use $3\frac{1}{2}$ ounces potassium permanganate and one pint formalin to every 1,000 cubic feet.—Ill. Board of Health.

show. By means of this, my records show what tube penetration I use in all cases. Of course, to make the record accurate, I state the tube, distance of part from anode, time of exposure, etc.

In closing I will mention some important conclusions by many eastern x-ray experts and surgeons, in connection with x-ray therapy in cancer of the breast. They think the very best results in operable cases are

obtained by raying the part a few weeks before operating, and then removing only the enlarged glands, then follow the operation with a few weeks' raying, properly. They find that when any of the pectoral muscles and the apparently healthy glands are removed, the case usually has a more rapidly fatal termination. These points are worthy of attention.

Topeka, Kansas.

PERTUSSIS.*

A NEW SPECIFIC TREATMENT, BASED ON SEVERAL HUNDRED CASES.

BY W. T. CRAWFORD, M. D.

WHOOPING-COUGH is rather a common subject for a paper, but the fact that it is one of the most persistently badly treated diseases in the whole list of human ills, is the excuse I offer for encroaching on your time this evening. Most physicians, the world over, inform the parent that there is no treatment that will do any good. The laity have come to the same conclusion. Hence the little sufferers are left to fight out the disease themselves, or worse, to be subjected to all the nostrums and home cures imaginable. Or the physician will prescribe some expectorant just to satisfy the parent, which is harmful, as are all expectorants any time and place.

Other members of the profession will use some of the many so-called specifics, which are almost as bad as the former plan. I shall try to prove to you that a specific treatment is not found in any one remedy, but that in the combination as described later on you have one that will relieve and cure, in uncomplicated cases, in from one week to ten days.

Definition.—Pertussis, whooping-cough, chin-cough, kin-cough, and kind-cough, is a violent convulsive paroxysmal cough, returning in fits of longer or shorter intervals and consisting of several expirations followed by sonorous inspirations or whoops. The fits of coughing may occur at any time, but are most frequent at meals and during the night; also morning and evening. It is contagious and attacks the young more particularly. It is rare for more than one attack, but second attacks are not unknown. Duration varies from six weeks to six months. Although the paroxysms are violent, it is not a dangerous disease. It may give rise to other diseases that are dangerous in its many complications.

Etiology.—Pertussis occurs epidemically; also may appear sporadically. It seems to have a tendency to occur epidemically every two years. In cities it is endemic. It should be classed as a specific disease. Pertussis is directly contagious. It is possible for it to propagate in schools. One attack usually protects the child, although there are exceptions. Season does not seem to have any effect, though fall and spring are the

*Read before the Fresno County Medical Society, Fresno, Cal., October 3, 1905.

Over the permanganate pour the formalin; an immense volume of gas is generated by chemical reaction.—Ill. Bd. Health.

At temperatures below 60° F. formaldehyde is not a reliable disinfectant; below that temperature use sulphur.—Ill. Bd. Health.

most frequent periods. Previous health, also the condition of the respiratory tract and bad ventilation, all predispose. Measles and whooping-cough very frequently occur simultaneously; this may be due to the catarrhal condition of the bronchial mucous membrane, which favors the lodgment of the bacilli.

Pertussis most frequently occurs before the tenth year. The majority of the various authors say one-half of the cases are before the third year. My observation in several epidemics has been that this is the case. Adults are not frequently attacked, as they are less susceptible and have possibly had it in their infancy. It occurs very often before the first year; when it does it is very fatal, especially when complicated with other respiratory diseases. It attacks the sexes equally. The germ seems to be located in the secretions of the respiratory tract and is disseminated through the paroxysms of coughing, hence transmissible through the air and may be carried to one not the direct subject of the contagion.

Contagion is by way of the respiratory tract, but just how is still a mooted question, not definitely settled. So the true nature of whooping-cough is as yet not settled, as some of the authorities claim it is a form of bronchitis with peculiar nervous manifestation. But this does not account for the nervous element and also the paroxysmal cough. It is held that it is a disease of the following: the pneumogastric, phrenic, sympathetic, recurrent or laryngeal nerves, or even the medulla. If this be so we have a neurosis. Eustace Smith says it is caused by pressure on the filament of the pneumogastric nerve by enlarged bronchial glands.

A number of germs have been isolated which are supposed to be related to whooping-cough; but none, as yet, positively pro-

duces the disease. So it is not definitely settled as yet. It is supposed that it is an organism capable of ameboid motion, which has been named the bacillus tussis convulsiva, which, inoculated in animals, produces some of the symptoms of the disease but more of bronchopneumonia. Just how the disease is produced is still in doubt.

Pathology.—We find no other lesions than those common to any mild bronchial trouble. In the beginning we have a catarrhal condition of the nose, pharynx, larynx, the eustachian tubes, middle ear, conjunctiva, trachea, glottis and the larger and smaller bronchial tubes. Also the more dreaded pulmonary lesions, bronchopneumonia, pleurisy, pneumonia, emphysema and edema.

Clinical History.—Incubation varies from four to fourteen days. Some authorities claim that eight days close the incubating period. The first symptoms are a slight cough. At this time auscultation elicits nothing to indicate whooping-cough. After ten days the cough becomes more catarrhal and on auscultation we find a few moist or dry rales, but the cough is out of proportion to our findings. After this period we rapidly see the change in the little patient. The face and eyelids are now swollen, eyes suffused and eyeballs are injected from the incessant paroxysmal cough. The child now runs to its mother or some one for support, as it seems to know of the approaching cough. Eating, drinking and playing may bring on the cough.

The cough is peculiar, and may consist of many short paroxysms which end with the whoop and also in vomiting or eructations of a viscid, stringy mucus. At this stage pertussis is so characteristic that no mistake can be made. The paroxysms may be from twenty to forty a day. Some children do not whoop but vomit after the cough.

"Is young Dr. Cuthyme a good surgeon?"

"Great. He admits it himself."

—Herman.

The Saturday Evening Post recently received a letter about advertising addressed to "Ben. Franklin, Publisher."

Very young infants do not whoop. Also children with pneumonia do not whoop. Where several members of the same family are attacked, when one starts to cough they will all cough; and especially at meal time or at night.

Complications and Sequels.—Convulsions, pneumonia, bronchopneumonia, bronchitis, nosebleed, pleurisy, pericarditis, pharyngitis and hernia.

Acute nephritis occurs in about twenty per cent of the cases and is very frequently overlooked. This complication is as severe as in connection with scarlet fever. Infantile paralysis, secondary tuberculosis, atelectasis—lessening lung space seen in flat-chested young people.

Prognosis.—Whooping-cough, outside of its complications and sequels, is not a very fatal disease except in very young infants, where the mortality is from seven to twelve per cent. It is also fatal in young subjects when it is complicated with pneumonia and bronchopneumonia.

Diagnosis.—In simple whooping-cough it is quite difficult to determine the diagnosis until you have the characteristic whoop. Some authorities claim to do so, but the consensus of opinion is to the contrary. While in the Polyclinic Hospital the very best men in it, and also in Philadelphia vouched their inability to diagnose same. Also, if you are called late and find a case that has progressed to one of the serious complications where the whoop is suppressed, you will have to depend on the paroxysmal cough. During an epidemic it is reasonable to suppose you have it when you find a child with paroxysmal cough; also if you can find a history of exposure from a foreign source you may be able to diagnose the trouble.

Treatment.—The different authorities vary some on the treatment, but all come to the same general conclusion, and that is that it

is mostly empirically treated. They say to give asafetida, creosote, carbolic acid, chloral, belladonna, phenacetin, antipyrin and quinine and the so-called specific bromoform. Another author says that the gravity of the disease is not appreciated, either by the physicians or by the laity, and it is therefore woefully and criminally neglected. He recommends treating antiseptically with peroxide of hydrogen in connection with the above-mentioned remedies. Osler recommends spraying with recorcin. Ringer uses antipyrin and silver nitrate. Hare depends on the antipyrin.

So you may take your choice of the above-mentioned cures and about one hundred others which are supposed to relieve or mitigate the course of whooping-cough. I have tried nearly all of them, but my success has been all to the same end, and that was nil. I shall try to prove to you that the treatment about to be outlined has in my hands proved very efficacious; so much so that I have succeeded in relieving whooping-cough in from a week to ten days. This treatment is not based alone on my own trial of the same, but also on several other doctors in five different states. It includes several hundred cases. I shall not be in the least surprised if many of you are "doubting Thomases;" but the proof of the pudding is in the eating of same, so try it ere you condemn it.

In this treatment I am at a loss to impart the knowledge as implicitly as I should like to, but after you have got into the way it is easy. In the beginning of all cases I keep the formaldehyde lamp burning at night and also in the daytime if the case is bad. By having it very low you can run it for a very long time with one of Schering's pastiles. I also spray the throat with various strengths of peroxide of hydrogen several times a day.

The main treatment, in uncomplicated cases, is to put the patient on small and fre-

When a visitor asked the doctor's little son if he wanted to be a surgeon, he answered, "Mercy no! I couldn't even kill a rabbit!"

"My baby will be a great surgeon," said the doctor; "when the nurse gave him a dictionary to play with he removed its appendix."

quently repeated doses of hyoscyamine amorphous and codeine sulphate, in a watery mixture sweetened with saccharin. I give it every hour until there is some improvement, then less frequently. When I have bronchitis complicating I give the hyoscyamine with some of the following drugs: Apomorphine, potas. bichromate, emetine, sanguinarine nitrate. For fever I use aconitine in the same mixture. In pneumonia I also use the hyoscyamine with proper medicinal treatment. Other complications I treat as laid down in the text-book and use the former treatment as stated above, unless contra-indicated. I also give calomel when it is required.

The main feature in this treatment is to get the medicine into the child frequently, and to this end I direct that it be given every hour, while awake. Also the proper dosage: Children stand larger doses in proportion than adults; so, being less susceptible, it is well to find out how much they will stand and if the patient does not improve in the first twenty-four hours, increase your dosage, thereby getting results. For a child three months old I give the following mixture: Hyoscyamine amorph., gr. 1-125; codeine sulph., gr. 1-6; saccharin, gr. 1-2; aquæ, oz. 3. M. Ft. sol. Sig. one teaspoonful every hour while awake.

For a child one year old I give the following: Hyoscyamine amorph., gr. 1-50; codeine sulph., gr. 1-2; saccharin, gr. 1-2; aquæ, oz. 3. M. Ft. sol. Sig. same as above.

For a child two years old the following mixture: Hyoscyamine amorph., gr. 1-40; codeine sulph. gr. 3-4; saccharin, gr. 1-2; aquæ, oz. 3. Directions same as above.

For a child four years old I give the following: Hyoscyamine amorph., gr. 1-25; codeine sulph., gr. 1; saccharin, gr. 1; aquæ, oz. 3. Same directions as above.

It must be understood that these are not

cut and dried, but must be varied to suit all the conditions and classes of cases. Also that you use the amorphous hyoscyamine, as it is much better than the crystals, and not so strong.

In the use of the above treatment, after you have decided improvement, increase the time of taking from one to two hours. If the cough is harsh and dry give emetine or apomorphine in the mixture. If the tubes are filled with viscid mucus do not give the codeine, but give in conjunction the bichromate of potassium. Emetine is the active principle of ipecac and is much better than the crude drug as it acts more quickly and is practically tasteless and the dose less, which varies from 1-120 to 1-40 grain. Apomorphine is given in doses of from 1-240 to 1-40 grain; potassium bichromate in doses from 1-60 to 1-20 grain. To a child of one year, with a severe case of bronchopneumonia, in conjunction with the whooping-cough, I give the following mixture: Apomorphine hydr., gr. 1-4; emetine, gr. 1-3; sanguinarine nit., gr. 1-5; saccharin, gr. 1-2; aquæ, oz. 3. M. Ft. sol. Sig. One teaspoonful every hour until improved; then every two hours.

Two other remedies which I frequently use as adjuncts are lobelin and calcium iodized.

The salient features in this manner of treatment are two. The remedies are practically tasteless, and it cures. While the drugs are not so very rare they are not in every-day use and consequently should be prepared from day to day by the physician himself. The drugs I use in the event of nephritis are caffeine (alkaloid), nitroglycerin, veratrine sulphate and acid benzoic.

My object in writing this paper is to counteract the worn-out idea that "nothing can be done for whooping-cough but to cough it out." I have used it in nearly two hundred

Erythrophloeum appears to act more upon the vessels and less upon the heart than either digitalis or strophanthus.—Brunton.

Adonis, convallaria and cactus occasionally succeed when the ordinary heart tonics have failed.—Brunton.

cases myself, and the last forty of them in and around Fowler during the last winter and spring.

Fowler, California.

This treatment certainly leaves little to be desired. Add calcium sulphide to saturation and it fits into our ideas perfectly. We say "Amen!" to the doctor's paper.—Ed.

THE ACUTE DISEASES OF CHILDREN.

BY GEO. H. CANDLER M. D.

III. MUMPS, GLANDULAR FEVER.

PAROTITIS or mumps is a contagious disease which often appears in epidemic form, the severity of the symptoms varying greatly; in some cases there is practically nothing unusual observable except moderate swelling of the parotid and the surrounding cellular tissue, while in another "run of cases" the general health may be markedly affected and the parotids, salivary glands and mammæ or testicles will be severely involved.

Parotitis must be regarded as an acute infection, the disease process unquestionably beginning in the gland ducts and thence rapidly extending to the gland itself. The specific toxin has not yet been discovered but it is probable that a microorganism invades the already catarrhal tissues, there rapidly propagating and producing the peculiar toxin which causes the distinctive symptoms. Boys are more subject to the disease than girls and mumps rarely attacks infants or adults.

The writer has never seen a case of parotitis in a child under three and only once in a woman over twenty. Younger men, especially those who have never had the disease, occasionally suffer, but practically the disorder is confined to children between the age of four and fifteen. In cities and large towns the disease is always endemic, but in smaller towns and villages years may pass without a case appearing, then suddenly a large percentage of the children are

affected, the severity of the infection sometimes lessening markedly as the disease spreads and, in other instances, increasing until the last victims have to go to bed and stay there with a high fever and all the other evidences of a severe systemic invasion.

The disease is spread by direct contact. One attack usually confers immunity though exceptions to this rule are not uncommon, the writer having seen one boy who had parotitis three times and another who had it twice in three years.

The period of *incubation* is really uncertain; some writers give it as "fourteen to twenty-one days", others as from "seventeen to thirty" but, as a matter of fact, children have been known to develop the typical swelling three days after contact and others have developed the malady as late as the thirtieth day. In the latter case of course there *may* have been later infection. However it may be safely stated that parotitis may appear within five days after contact with an infected child and safety can hardly be claimed till a full month has elapsed. The typical swelling is easily recognized on the second day of the disease and total subsidence usually occurs by the sixth.

Diagnosis.—It would be difficult to mistake the disease once it has begun to develop, and as it is rare for fever or other symptoms to precede the pain and stiffness with swelling about the parotid the practitioner will rarely need to differentiate. Glandular fever

Digitalis acts as a cardiac sedative, slowing the heart, when it is irritable from over-exertion.—Brunton.

Irritable heart occurs in soldiers, stevedores, coal-heavers, carmen who have to lift heavy weights into their car.—Brunton.

(which will be considered later) may resemble mumps to a certain extent but the history of the case will serve as a guide.

Symptoms.—In the majority of cases the child complains of pain, heat and stiffness about the jaw and ear; observation will show that the parotid upon the affected side is swollen and the thermometer will reveal a temperature of 101° — 104° F. The tongue is, as a rule, coated and the breath fetid. Deglutition is always difficult and as the process extends the face swells, sometimes to an enormous extent—the cheek and neck being involved together. In typical cases the lobe of the ear is in about the center of the swelling. In some cases there is a profuse flow of saliva; in others the mouth and fauces are dry and thirst is constant.

Rarely the submaxillary gland is affected; and in girls the mammae and labiæ, and in boys the testicles may suffer. The latter complication is looked upon by the laity (and some physicians) as being a very serious matter, but with ordinary care no permanent harm results.

It is a strange fact that in some epidemics fully 90 per cent of the boys presented orchitis, while in others the latter complication was rarely met with. I have been inclined to think that orchitis is more apt to occur when both glands are infected, especially in those cases where the second gland becomes inflamed just as the first subsides. (Usually on the fifth or sixth day.) Orchitis is very rare when one parotid alone is involved.

In the typical case there is some malaise, thirst, a dry skin and constipation with diminution of urine. Occasionally there is a slight coryza. Unfortunately the physician rarely sees the case at all until the face is swollen to an extent which alarms the parents, or a beginning mastitis or

orchitis causes uneasiness. Then the child is likely to be found with a piece of salt pork or other "home remedy" tightly applied to the swollen face and over this, layer after layer of flannel. It is generally believed that the mumps must be "kept warm."

Complications.—These are rare (excepting orchitis, mastitis, etc.) but may include convulsions, various cerebral disorders, nephritis, albuminuria, hemiplegia and meningitis. Facial paralysis has been noted several times and optic atrophy more rarely. Metastatic (secondary) parotitis must not be considered here; this condition, however, has possibly been really responsible for some of the more serious sequelæ noted. Typhoid, typhus and some other fevers, laparotomies, blood-poisoning, diphtheria, and similar systemic invasions have been complicated by metastatic parotitis; the process then usually ending in suppuration and total destruction of the glands involved. This rarely happens in mumps, never, indeed, under rational treatment.

Treatment.—Despite the text-books this is effective and simple. The main thing is to get people to send for the doctor *early*. As in all infections, the *primæ viæ* should be promptly emptied and rendered aseptic. The kidneys require stimulation and the skin should be rendered active. Mouth, nose and ears should be cleansed twice (or oftener) daily and the latter anointed with camphorated or carbolated oil. Turpentine and carbolic acid are perhaps the best local applications but carbazol or ichthyol also give excellent results.

Guaiacol one part to lanolin three parts will abort many cases if rubbed in thoroughly and covered with oil silk. The writer cleanses the mouth, nares and external ears with a hot solution of boric acid or a solution of menthol compound—two tablets

When the heart is irritable, palpitating on the least exertion, digitalis lessens this irritability.—Brunton.

Atropine lessens the irritability of the heart so that extra pressure on it does not cause increased pulsation.—Brunton.

to the pint—and then sprays the fauces, nares and ears with an oily solution of camphor-menthol. The affected area is washed with the first solution, dried and then carbolic acid (pure) is painted rapidly over the gland and adjacent tissue; after a minute this is removed with alcohol and the parts promptly covered with turpentine one part, olive oil six parts, carbolized oil, guaiacol and lanolin or ichthyol. (Carbenzol, a later product, will give equally good results.) Either of the latter should be mixed with vaselin or lanolin. The usual proportion is one to three. Do not apply *heavy* dressings.

Internally the first procedure is to exhibit either calomel and iridin, of each gr. 1-6, or blue mass and soda, gr. 1, half hourly for four to six doses. One hour after the last dose a saline is given and repeated in four hours; after this twice daily. Hourly give calcium sulphide, gr. 1-6, echinacea, gr. 1-6, and calcium sulphocarbolate, gr. 1-6. These should be given with a little water. Arsenic in some form is useful—extremely so. The writer prefers the triple arsenates (iron, quinine and strychnine) and by using the tablet with nuclein—one or two after meals—gets also the phagocytic and reconstructant action of the latter remedy. The entire body is sponged with a weak carbolized saline solution (sodium chloride, one dram, acid carbolic, gtt. x, water 1 pint) and once daily an enema of normal saline solution is given.

The toilet of the mouth is important and should be attended to every few hours. Calx iodata may well be exhibited in severe cases and if the fever is pronounced early, a few doses of aconitine or gelseminine will give prompt relief. One other drug demands attention. In cases where the skin is very dry and the child complains of a burning, dry mouth, pilocarpine proves an

ideal remedy. Gr. 1-67 should be given every half hour till diaphoresis is marked.

In such cases the action of this drug is remedial generally but it is distinctly contraindicated when there is profuse secretion of saliva. In such cases phytolaccin will prove remarkably useful. The latter drug will also be indicated when orchitis develops or when both sides of the head and submaxillary glands suffer.

Orchitis.—This condition calls for perfect rest, support of the testicle and applications of guaiacol and lanolin *after* the parts have been well bathed in a hot weak carbolized solution. Anemonin may here be well alternated with phytolaccin. The ice-bag is an abomination.

Mastitis.—Requires practically the same treatment and a broad, firmly-applied bandage. Ichthyol may be applied to any affected part with confidence of results.

Diet.—This should be light but nutritious. Barley water is especially useful. Acid drinks and acids generally are usually disagreeable to the patient during the early stages of the disease but later may be given freely. If diuretics are called for barosmin and lithium benzoate will give the best results. A preparation of triticum repens may be added. In very small children with marked suppression one dram of sweet spirit of niter with two ounces of water at bedtime will act nicely.

Treated in this way mumps becomes a matter of three to four days—six at most—and the disorder is never complicated by more serious affections; neither does the patient recover in a condition rendering him liable to contract any other malady which may be rampant locally.

GLANDULAR FEVER.

This disease has unfortunately not been generally recognized. Pfeiffer giving the first correct description of the condition and

Atropine relieves irritable stevedores' heart at first but if he disregards warnings it is less useful again.—Brunton.

Wilkinson finds the x-ray benefits leprous spots treated, and those at a distance from the area exposed to the ray.—*J. A. M. A.*

differentiating it from parotitis and adenitis in 1899. Recent authors have even failed to describe the disease which is far from being uncommon in cities and large towns, where the poorer working class congregate especially. Parotitis is, probably, the diagnosis in most of the typical cases, while in those which run a longer course "adenitis" would be offered.

Glandular fever is most distinctly an infectious disease and sometimes proves epidemic, children of tender years being particularly prone to contract the malady. The writer saw a series of seven cases some time ago, the patients being under seven years of age, and all of them attendants at a private kindergarten school. Only one case ran over the fifth day and this child had a decidedly strumous tendency.

The cause of the disease is unknown but is probably a microorganism which gains access *via* the mouth and nares. In one case there was some tonsillitis, but this symptom did not present in any one of the other cases. The child first seems unwell and feverish and may place its hands constantly to the throat and face. Within twenty-four hours there will be noted swelling of the submaxillary and cervical glands but the skin overlying the parts is rarely erythematous. The head is moved with difficulty and swallowing may be slightly or considerably painful.

On examination the fauces will appear reddened and slightly edematous and the mouth is opened with difficulty. The *parotid* is not affected to any extent, if at all. Vomiting may be present (usually is at first) and if it is not, there is apt to be diarrhea. As a rule the parents fear scarlet fever or measles and a nice diagnosis is necessary. The temperature runs high (102°-104° F.) and the pulse is quick and hard. Sometimes there is almost entire

suppression of the urine. The whole symptoms may appear and fade within three days and doubtless many of the cases of "scarlet fever aborted" were really typical cases of glandular fever. The stools are light and older children may complain of pain in the hepatic region or over the spleen. The appetite is not markedly affected (once vomiting has ceased) and while the patient is fretful he prefers to be about. In some of the cases the disease persists: the fever fluctuates, the glands remain swollen, and cough develops. Retroperitoneal involvement may occur and is evidenced by pain upon deep pressure. However, the ordinary case develops and passes away without further trouble. Under treatment it is especially ephemeral.

Treatment.—The buccal and nasal toilet should be made as has been already described and the child promptly given a calomel purge. Gr. 1-10 to 1-6 may be exhibited every half hour till a grain is taken, podophyllin, gr. 1-12, being added to every other dose. A saline should follow the last dose and calx iodata (or iodoform) and phytolaccin be given in full doses from the first. Nuclein is especially called for and gives prompt results. Ten minims may be dropped under the tongue twice daily.

Hepatic activity should be maintained by the exhibition of small doses of euonymin or juglandin; this drug also exerts a peculiar action upon glandular structure; gr. 1-6 every three hours (subsequent to the podophyllin) has proven sufficient. Locally compresses wrung out of a weak carbolized solution have given the best results, though in two cases iodine ointment was rubbed in thoroughly twice daily. Gelseminine is perhaps the best direct remedy for the hyperpyrexia. Very small repeated doses act most satisfactorily.

As soon as the acute symptoms subside

Herrick reports a case of poisoning following application of acetanilid seven years to an ulcer of the leg.—*J. A. M. A.*

Cholera has lost its horrors here through quinine gr. 10 every hour until bile reappears in stools.—Ussher, Turkey-in-Asia.

the child should be placed upon iron iodide or syr. hydriodic acid. The arsenates would probably prove quite as efficacious but the writer has not used them here, the indications for iodine being marked. The use of quassin or hydrastin for some weeks will suggest itself and the patients should be cautioned to keep up free elimination

and give a light nutritious diet for some time.

As soon as the disease is recognized the child should be quarantined, that is it should be kept to its own room and other children should not come in contact with it. The same rule applies in parotitis.

Chicago, Illinois.

TREATMENT OF THE SUMMER DIARRHEAS.

BY R. J. SMITH, M. D.

IN the etiology of the diarrheas of summer, two important conditions seem to be necessary—temperature and diet. Usually in infants these cases occur in the artificially fed, only about three per cent being breast-fed, according to Holt. Hot weather is a predisposing cause and we meet with cases from June to October, the disease being most prevalent in thickly populated districts and in the more humid climates. In the Western states only sporadic cases occur and very rarely are seen serious cases of cholera infantum. One reason, perhaps, is the great amount of sunshiny days, coupled with our cool nights.

With plenty of fresh air, pure water and food, few cases will occur, but obviously the very reverse of these are found in the tenement districts of large cities. Here is prophylaxis also uncertain because of the difficulty of procuring fresh, pure milk.

In the treatment of the mild forms of acute gastrointestinal catarrh, and of the diarrhea of acute indigestion, the first insistent duty is the restriction of food for twelve to twenty-four hours. In the more severe forms it is an absolute necessity to forbid all food for that length of time at least, perhaps for thirty-six hours. The practitioner in charge will have to overcome the objections of parents and friends, but this

may be done without friction by tact and good judgment. A short explanation of the reason for such an order will impress the family and prevent the surreptitious introduction of food between visits. If there seems to be strong prejudice against this judicious starvation, some of the mild forms of nourishment may be given. A few drops of beef juice or bovine may be given in a teaspoonful of cold water every hour or two. Lactic acid lemonade, lemonade with egg white, are both pleasant and nourishing. Lactic acid is a splendid remedy in all diarrheas. Barley or rice water made by pouring boiling water on a tablespoonful or two of barley or rice and steeping for four hours, straining and seasoning with a little salt and to which lemon juice may be added; raisin water and toast water, all may be tried. It should be remembered that digestion is below par and food can only do harm. As the patient improves the diet may be increased gradually, giving in small quantities and frequently.

The medicinal treatment in the mild forms begins and ends with elimination. If vomiting is not free, an emetic may be given; washing out the stomach through the stomach tube if possible or by means of free drinking of warm saline solution is markedly beneficial. When the stomach is

Meunier says we chew gum on account of hyperchlorhydria which is relieved by the excess of alkaline saliva.—*Presse Med.*

Earache: Occurring in children, with coryza, give atropine enough to cause perceptible dryness of the mouth.

empty give calomel and soda in small divided doses every half hour for six doses, to be followed by a dose of castor oil, or saline laxative preferably in hot solution to sedate mucosa. While administering the calomel, irrigate the colon thoroughly with hot saline solution through the colon tube. This will cleanse the lower bowel and at the same time relieve the patient of a good deal of suffering. Opium in any form should never be given until the whole alimentary tract is thoroughly emptied. This elimination is usually sufficient with restricted diet for a few days to restore the patient to normal.

In the severer forms, with pain, fever and some prostration, some anodyne and febrifuge is necessary. In all the acute fevers of children there is no safer febrifuge than aconitine amorphous. It may be necessary to give in conjunction with this, if the pulse is full and bounding with flushed face, and meningeal symptoms, the alkaloid gelseminine. This may be given singly or in alternation with the former alkaloid. Usually, however, aconitine will act quickly and favorably, sedating the circulation and quieting nervousness. The calmative for children (Candler) is a splendid combination consisting of hyoscyamine amorphous, 1-500 gr., oil cajeput, oil anise, menthol, camphor monobrom., of each 1-67 grain, scutellarin, 1-32 grain. This tablet given in hot solution every fifteen to thirty minutes relieves cramp and colic rapidly and quiets nervousness. In some cases the infant anodyne granule is preferable and especially in those cases with free evacuations with tenesmus.

In the treatment of cholera infantum, there is no remedy more useful or more important than copper arsenite. It is indicated in cases of vomiting, diarrhea and colic. It must be given to children in small doses, 1-3000—1-1000 grain in solution every fifteen to thirty minutes, until relief, then

less often. It is a mildly astringent antiseptic and restores functional activity by its stimulant action. In adults the dose may be increased to 1-200 grain every hour until relief is obtained.

In the fermentative conditions the sulphocarbolates (phenosulphonates) are essential. The ease of administration, the certainty of action and the relief to the patient from the use of these intestinal antiseptics in these cases give them an important place in their treatment. They remove and prevent putrefaction of the intestinal contents; germ development is thus arrested and toxin absorption prevented.

In the collapse stage of cholera infantum a hypodermic injection of 1-500 grain of atropine sulphate should be given, and saline solution in pint dosage by hypodermoclysis. Rectal enemas of hot saline forcibly retained will absorb rapidly and act similarly to hypodermoclysis. This restores the body fluids lost by the evacuation and is an essential in the proper treatment of these cases.

The stomach and intestines must be emptied early to reduce infection and lower temperature. If the temperature runs high, cool sponging or cold packs with ice cloths to the head will be necessary. Cold enemas will assist reduction.

Nothing should be given by the mouth in the collapse stage. Reaction must be induced and then some nourishing liquid may be administered. Return to diet must be gradual.

In cholera morbus, a hypodermic of morphine and atropine may be given at once, to relieve acute pain and prostration, if vomiting and purging have been free. The usual cholera and diarrhea mixtures are simply mentioned to be condemned and are unfit remedies in these cases. Elimination and restricted diet, reduction of temperature, relief of pain and tenesmus, are the main indications in treatment.

Earache: When accompanied by fever, in children with colds, give a granule of anemonin every hour till better.

Earache: In all ear cases take the trouble to look in the ear with a speculum, and see what is in there.

Hydrotherapy internally and externally with calomel and saline laxative will lower temperature and flush all the emunctories. Follow with the following, varied to suit the case:

Aconitine amor., gr. 1-30. gran's no. 4
 Copper ars., gr. 1-250. gran's no. 5
 Infants' anodyne gran's no. 4-8
 Brucine, gr. 1-134. gran's no. 8
 Elix. lact. pepsin oz. $\frac{1}{2}$
 Water, q. s. ad ozs. 3
 † Teaspoonful every fifteen to thirty minutes until relief, then every hour or two. (For a child three or four years old.)

The intestinal antiseptic tablet should be dissolved in hot water, sweetened, $\frac{1}{2}$ gr.—1 gr. for a child one year old every two hours.

In very irritable states of the gastric mucosa, bismuth subcarbonate in 5 to 15-grain doses by acting mechanically will soothe. It may be combined with cerium oxalate in 1-grain dosage. Cocaine, 1-67

grain every fifteen minutes until relief, is a useful remedy in gastric irritability.

For tenesmus, hot irrigations will help.

The indiscriminate prescribing of chalk mixture, opium compounds, etc., simply disguises the symptoms and while in the milder forms they may appear to do good, in the severe forms they represent just so much lost time.

In these acute diarrheas there is no place for the cruder forms of medication. Absorption is slow, digestion held in abeyance and remedies, to be effective, must be in an easily assimilable form. Where time is an object, as in cholera infantum, these remedies should be administered hypodermically where possible, in other cases per rectum, until reaction is present. Then the indicated remedy in an active, nonirritating form should be administered per os.

Smithfield, Utah.

INFANTILE PARALYSIS*

BY GEORGE M. MOORE, M. D.

THE little patient we have before us to-day is of great interest to us all.

This little fellow four weeks ago was stricken down with infantile paralysis. These cases are usually seen between the ages of six months and seven years. He had good health all of his life. If you will look at him you will see that he is well grown for a boy of his age and now seems well.

I will now give you in brief the history of this case. Some eight weeks ago this little patient went to bed one night, apparently as well as usual. The next morning upon waking he was found to be paralyzed in both legs; could not use his legs to any degree.

This seems to be the usual history of these cases. One point of interest is that the paralysis is at its maximum in the commencement, and so it seems to be with this case, as the case has improved somewhat since the treatment was begun. We learn from J. Lewis Smith, Holt, and others of equal prominence, that the rule is that these little patients will continue to improve until almost complete, if not complete, recovery.

Another point of interest to us is that the bladder and the bowels remain unaffected, since only the muscles of volition are involved. The fever that is usually present in the beginning of these cases is wanting. We have no history of any fever in the beginning of this case. It is possible, however,

*Read before the Camden County (Missouri) Medical Association.

Earache: Many times is needed the easy but important slitting of the tympanum to let out imprisoned pus.

Earache: Don't get in the vicious habit of putting things in the ear that contain alcohol and muffle hearing.

that the fever was overlooked, as the fever is of short duration, from three to seven days.

The most common lesion in these cases is the inflammation of the anterior cornua of the spinal cord. But the case we have before us may have been complicated by other causes, due to sleeping in the wind and the damp, and also by sudden exposure to wet and to cold. The diagnosis is usually easy: The paralysis and the history of the case enable us to formulate our diagnosis.

It may be confidently predicted, that if these patients are seen early and promptly and correctly treated the paralysis will soon diminish, if it cannot be entirely cured. But on the other hand, if we treat a case of this kind and do not get good results soon, we may expect more serious trouble, for at this point we have the wasting of the muscles, the appetite becomes poor and the general health of the patient is affected.

We should at the commencement of our treatment remove, if possible, the exciting cause. We should see to it that the patient's nervous system is protected. He should not be permitted to have his way, to run in the rain or snow or bad weather of any kind. He should have good food, easy of digestion. These patients should drink plenty of sweet milk, and should eat at regular intervals of about every two or three hours, or four or five meals each day. The bowels should be kept open by the use of mild laxatives.

Early in the treatment of these patients we can largely relieve the congestion of the spine by the use of such remedial agents as ergot, bromide of potassium, bromide of ammonia. These remedies can only be used early in the disease, or while we have the congestion of the spine. After the immediate trouble has passed, we should then change our treatment to something like this: Strychnini sulphatis, gr. 1; ferri pyrophosphatis, gr. 40; acidi phosphorici dil., dr. 2½;

syruipi simplicis, q. s. ad oz. 4. M. Sig: Twenty-five drops in water four times daily. The dose may be increased or diminished as the case requires. The limbs should be bathed in hot water for twenty-five or thirty minutes each day, and to this bath may be added salt or soda. After bathing the limbs, they should be rubbed for some time to cause a stimulus to the parts affected.

Following this we can get some good effect from some good stimulating liniment; this should be used freely. To get the good of this remedy we should use it until the skin is quite red. The old-time treatment of blistering and counterirritants to the back should be discarded, for this plan of treatment is irrational and cruel.

Linn Creek, Missouri.

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While the cause of this disease is an obscure one, there is little doubt that the condition of the intestinal tract plays as important a part here as it does in many other diseases of an infectious character. Germ or no germ, the rational thing to do is to clean the bowels out thoroughly, just as soon as the patient is seen, and then render them thoroughly aseptic—and keep them so—with the sulphocarbolates. At the very least this will remove one of the most potent factors for evil and put the body in the best possible condition to take up and keep up the nutritive functions. And after the mischief is done that is what counts! If the patient is seen during the febrile period, which is rarely the case, equalization of the circulation with the dosimetric trinity will limit the progress of the disease and minimize the changes in the cord.

Treatment should be commenced just as soon as possible after the development of the paralysis; the sooner it is commenced the better the prognosis. Raise the arterial and nervous tone with brucine, stimulate

Earache: A granule of aconitine in hot water may do nicely but it will not open a drum and relieve pressure.

Earache: Many a little babe suffers agonies till the drum breaks and the appearance of pus makes a diagnosis

cellular nutrition with nuclein and give lecithin for its remarkable power in promoting the vitality of nervous tissue. As alternatives and to promote the absorption of the clot give phytolaccin and arsenic iodide—possibly calx iodata. Fit your remedies to the case. Meanwhile the most nutritious food and all that the patient can utilize should be given, the limb should be rested

until all local irritation has subsided and muscular atrophy prevented with electricity and massage. The directions given by Dr. Moore on this line are excellent.

It is our belief that a large share of these cases, if treated early and energetically, might be spared the distressing deformity which has become the lifelong inheritance of far too many.—*Ed.*

THE ERUPTIVE FEVERS.*

BY H. K. WHITFORD, M. D.

THE eruptive fevers are the common contagious fevers of our time, and have been such since the very early history of the human race. The main features of this class of diseases are, first, they are contagious. All persons are liable to contract them when coming in contact with persons suffering with any form of the disease; at the proper time, and like all contagions, once having the disease, makes the person immune for the rest of his life. In variola or smallpox the contagious period is from the time the pustules are filled with pus until the last crust or scab has disappeared. There is no danger of contracting the disease until about the fourth day, after the appearance of the eruption.

In rubeola vulgaris or measles, the contagious stage precedes and is during the first appearance of the eruption; after the eruption is fully established it is no longer contagious.

The contagious period of scarlatina or scarlet fever is when the eruption is disappearing—and from that time until the last flake of the cuticle has been removed and all the clothing and everything in the room, as well as the room itself, is rendered

antiseptic by being washed and fumigated.

Varicella or chicken pox like smallpox is contagious after the pustules fill and begin to assume a yellow or dark appearance and remains contagious as long as any of these pustules remain, and as the eruption or pustules continue to appear for about ten days after the first crop, the contagious period lasts about three weeks.

These diseases all have four well-marked stages and cannot be aborted or cured; but by proper treatment each stage can be shortened, and the severity and duration of the disease lessened and the complications nearly or quite prevented.

The forming stage is the period between the time of contact to the first symptom of a chill, when the congestive stage begins, and lasts until the temperature becomes above normal—which is the inflammatory stage; this stage lasts until the temperature drops back to normal or below—which is, the fourth stage or excretory, from which convalescence begins. The only object in calling attention to the stages is that we may present a rational, common-sense treatment. Treat each stage not as an eruptive fever, but the condition caused by the fever; not one medicine for the fever, including all the stages, but a specific medicine

*Read at the meeting of the Illinois Eclectic State Medical Society.

In out-patients with aortic disease we are chary about giving digitalin unless they are able to lie up.—*Brunton.*

When fatal syncope occurs during the use of digitalis it is usually when the patient rises from lying down, to micturate.—*Brunton.*

for a specific pathology indicated by the symptoms.

In the congestive stage we want diffusive stimulants, as belladonna, xanthoxylum, capsicum, with warm surroundings. In the inflammatory, we want sedatives, as aconite. When it is time for the eruption to appear, we want belladonna and aconite, the best combination for this condition of any and all remedies known at the present time. In the fourth stage, debility is the condition to treat; in this stage muriated tincture of iron will do more, and in less time, to restore the debilitated condition of the blood and vital energies than any other one remedy, and combined with the bitter tonics such as fluid extract of cinchona, hydrastis or gentian, we have a quick permanent restorative. All complications should be treated as such regardless of the name of the disease. No cathartics should be given at the beginning of an eruptive fever. Nothing should be done that can destroy tissue or vitiate the fluids of the body. It is good treatment to commence with the tincture of iron and the bitters as soon as the temperature reaches the normal point, and continue them until the patient is well.

Elgin, Illinois.

DISCUSSION.

DR. PERKINS.—Before this meeting is over I think I shall believe that belladonna will cure everything. These things are liable to slip our minds, so they need repeating. Oftentimes in a case of scarlet fever when it begins to peel off in little particles, more often in small scales, both of which carry the disease, and when the child is convalescing, just able to sit up a little, the mother takes it up in her arms; all the while the little particles and scales are being scattered all about the room or wherever they may go. There comes a cool morning and the mother brings out a shawl and puts it around the

child. Six months later a friend comes in to make a visit, on starting home finds it has turned cooler and the shawl is loaned to her. The result is that in a few days we hear of several cases of scarlet fever and a few days later we have a few funerals, while all could have been prevented by greasing the patient at the time the fever arrived at the period of desquamation. By doing so the particles of skin would have stuck to the gown and would have gone into the wash where all the microbes would have been killed.

DR. THORNTON.—What are young men to do who while waiting on these cases are called on a confinement case?

DR. WHITFORD.—Positively refuse to go.

DR. THORNTON.—I would like to ask the doctor if he would refuse bread when he was hungry?

DR. WHITFORD.—I have cared for my obstetrical cases, at the same time treated scarlet-fever patients. This old doctor has given us a lesson we should not forget, and that is to grease the patient with a solution of olive oil mixed with five drops of carbolic acid. I have treated a child in a family where only the one child would have the fever.

DR. THORNTON.—I use antiseptic solution on my face and hands, wear a sterilized gown and go to my obstetrical cases, and I have the first case yet to see that I have infected.

DR. KINNETT.—I take but very little precaution in cases of this kind. I wash my hands about the same as I do when they are dirty and never had any trouble.

DR. ROBERTSON.—In 1894 I was inspector of the city board of health, and I examined 30 cases of smallpox, and never took any precaution, other than to get on the back end of the street car and let the wind blow through my whiskers, for I firmly believe

Frequently when patients have taken digitalis without discomfort symptoms of poisoning occur without warning.—Brunton.

To avoid danger direct out-patients to take digitalis seven to ten days and then discontinue for four days.—Brunton.

that the oxygen contains sufficient anti-septic virtues to prevent carrying the contagion.

DR. ABBOTT.—I think the last two men who spoke should thank their Almighty God for their good fortune.

DR. H. K. WHITFORD.—I appreciate the fact that you called the Society's attention to the oiling of the patient, as this is a good point, and a splendid precaution. You can only carry smallpox by the pus upon your person, the measles and the scarlet fever are carried by the scales off the body.

I had the measles 54 years ago down on the Wabash river. On getting up one morning I found I had an eruptive fever. When the word was spread over the boarding house every one was afraid of me and I was forsaken. The second day after I was

taken sick I looked out of my window and saw a boy across the street, I called to him and he came across. I asked him if he was afraid of the measles and he remarked he that he was not afraid of the devil. I asked him to come to my room and he did. I sent him for a doctor, the doctor came, looked me over and said I had the measles.

The next thing he did was to lay four doses of calomel out on the stand for me to take. I told him I would not take them, because they were a cathartic and asked him to make me a glass of hot lemonade. He came four days to see me and gave me a glass of lemonade each day. When I was well he told me he had never seen a case that got along as well as mine had. In my practice I have only lost three cases.

A CASE OF AUTOTOXEMIA.

BY JOHN C. JOHNSTON, M. D.

I WISH to make a report of a case in which the success of the treatment is due to my reading of other similar cases in the CLINIC and to the administration of the alkaloids. I do so in the hope that other physicians may recall my experience when confronted by a similar case.

On Tuesday last at 3 p. m. I was called to see a little girl, five years of age. When I saw the patient she was in a comatose condition, pulse 180, temperature 102.8 °F. She could be roused with difficulty and would then drop off again as we let her alone. The history I received from the parents was that she had been to the home of an aunt on Monday and allowed to fill up on bananas and popcorn, came home at night apparently all right, slept well, but woke up complaining of being sick, vomited a few times and in an hour or so went

to sleep, from which she passed into a condition of coma.

The mother gave her calomel, grs. 2, at one dose, but getting no results by noon, sent for me. It was 2 p. m. before I got there. I went over the patient carefully and by excluding the various conditions which might account for her condition, I finally came to the conclusion the case was one of autotoxemia, and went to work accordingly. I first emptied her stomach by a hypodermic of apomorphine, getting a mass of undigested food, then gave calomel, gr. 1-6, and ordered it repeated for six doses, and followed with a saline. By 6 p. m. I had failed to move the bowels, so gave an enema, which emptied the lower bowel of an impacted mass of fecal matter. I then ordered the calomel and saline repeated. At midnight I was called in a great hurry to

In the second stage of aortic disease when the mitral is affected digitalis becomes of use as in primary mitrals.—Brunton.

Diagnosis: If you see a man killing another, do not interfere till you find what are the murderer's reasons.

see the patient, who was having convulsions. Another enema emptied the lower bowel again and the patient was quieted with a hot bath, but still we had no results from the calomel and saline. I then ordered castor oil, one-half ounce, repeated every two hours and so on. Through the following day we kept up the calomel, saline and oil, and by 4 p. m. on Wednesday the parents, being very much alarmed, asked me to call in one of the best physicians in the country, in fact, our leading man. He came at 7 p. m. and made a careful examination and said he thought my diagnosis might be correct, but was afraid there was a brain complication in the case, as the pupils were then contracted and almost fixed. His prognosis of the case was very grave.

After the consultant was gone I went back to the case, took off my coat and registered a mental vow that I was going to move those bowels if it took croton oil to do it. I had no fear of intestinal obstruction in the case, there being none of the symptoms of that trouble present. I went to work again with my salts, oil and calomel, and at midnight I was rewarded. The child's bowels moved so quickly that we could not get her out of bed in time, and the quantity was so large and the odor so offensive that it almost drove us from the room. After getting the child back to bed I began to give her the sulphocarbolates, and in two hours afterwards she opened her eyes and began to talk, after thirty-six hours of hard work and enough cathartics for a dozen adults. The child made a quick recovery, much to the delight of the family, of which she is the idol.

While writing I would like the Editor to give me a pointer in regard to the so-called "Cuban itch." We have a lot of it here and I am at my wit's end what to do with it. Nothing I have tried either externally

or internally seems to count in these cases.

Grand Junction, Tennessee.

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It is remarkable what serious symptoms will often result from an impacted fecal mass in the bowels—and what marvelous improvement will follow when the intestinal tract is cleaned out and rendered relatively aseptic with the sulphocarbolates. And yet this fact is overlooked again and again by otherwise competent physicians.

This matter of intestinal antiseptics is the "burden of our song" this month. We believe that it is one of the most important, if not the most important in medicine. The mischief that can be done by a mass of foul fecal matter in the bowel is almost beyond calculation. Some cases which are given elsewhere—as well as that of Dr. Johnston—show the stupendous import which this subject bears in practice. It is time that every doctor realized this, and we purpose to keep hammering away until every reachable man has at least grasped the rudiments of the idea. There are some men, of course, who never will take hold upon this new-old fact. But we believe the dawn is coming—that therapeutic optimism will yet triumph!

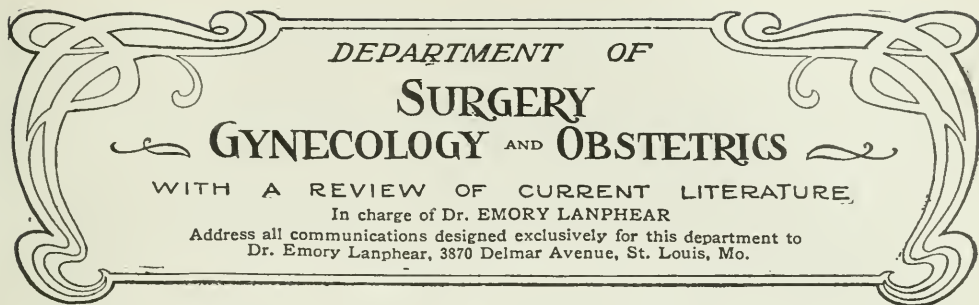
Recent writers of text books, for instance, have called attention to the "necessity for a thorough evacuation of the intestinal tract;" one or two of them even initiating treatment with "a calomel and saline purge."

These authors also list the sulphocarbolates among "the most useful drugs for limiting bacterial growth in the bowels."

The trouble about the "pointer" for Cuban itch is that we do not know what it is in your section. In some places it is smallpox; in others chickenpox; in others impetigo contagiosa; while in still other localities it seems to be something quite different from any of these. You see "it all depends."—Ed.

Therapeutics: When the rabbit jumps consult with the guide as to the best method of shooting the animal.

Typhoid fever: Intestinal antiseptics being useless, why bother about the hygiene of the environment of the case?



DIVULSION OF THE DUODENO-JEJUNAL SPHINCTER IN THE TREATMENT OF EPILEPSY.

BY HAL. C. WYMAN, M. S., M. D.

Professor of Surgery in the Michigan College of Medicine and Surgery, Detroit.

JOHN B., age 22 years, born in Canada, was admitted to Detroit Emergency Hospital, October 10, 1904. He had lived in Detroit two years and was not able to earn his living because of epilepsy, from which he had suffered since childhood. His seizures occurred every week or ten days and always followed a distinct gastric aura with eructations and water-brash. These warnings of impending convulsions sometimes lasted two hours before the epileptic climax. School life had also been interrupted by the disease and he was mentally enfeebled after the manner of many epileptics. He had spent much time in asylums and poorhouses. His general appearance was not prepossessing: thin, restless, staring eyes, explosive speech, he gave unmistakable evidences of degeneration of the central nervous system.

So marked, however, was the gastric disturbance (foul breath, bad teeth, distended stomach, protruding epigastrium) that I had no doubt of the existence of some local obstruction in pylorus or duodeno-jejunal aperture. His bowels were constipated. His favorite discourse was of the difficulty in securing movements of bowels.

He had taken much bromides and his skin was laden with papules.

I advised section of abdomen and digital

divulsion of the duodenal-jejunal aperture with the view of making sure of prompt emptying of duodenum into the lower intestines in case I found the pylorus patulous and free from obstructive kinks and valve-formation of the adjacent stomach.

The abdominal section was made in the median line from the ensiform to umbilicus. Through this wound stomach was examined and withdrawn and carefully examined by touch. It was normal and the stomach, though enlarged and thinned, was not in this respect different from the duodenum. Then the transverse colon was drawn out through the wound and reflected as if to do a gastro-enterostomy by the posterior method. The jejunum was seized as it sprang from the mesocolon; an opening was made lengthwise of it, enough to admit my finger, and, then, inserting the index finger I pushed it along that part of the duodenal canal that rests on the vertebra and traverses the mesocolon, divulsing a sphincter-like constriction beneath the ligament of Feitz until active resistance was entirely overcome.

With continued through-and-through suture approximating its peritoneal margins the wound in the intestine was closed. The wound in the abdomen was closed after the colon was replaced and a sterile dressing of mica was secured with rubber adhesive.

Healing followed uneventfully with a marked and immediate improvement of patient's general condition.

I have not heard from the patient, who returned to live in his old home in Canada, for the past three months. Up to that time there was no return of his epilepsy and his general condition was so far improved that he could work and earn wages.

This case is not submitted to your readers

for a "cure all" for epilepsy but to indicate that this strange malady may sometimes originate in some autoinfection proceeding from the duodenum and stomach; and as a suggestion for more thorough examination of these organs by physicians who have the care of epileptics *in asylums* and other public institutions.

Detroit, Michigan.

A CASE OF PUERPERAL INFECTION RESULTING IN A LEFT-SIDED PELVIC ABSCESS INVOLVING THE ILIO-PSOAS MUSCLE.

BY T. J. WATKINS, M. D.

Professor of Clinical Gynecology in the Northwestern University Medical School.

MRS. J.—entered Wesley Hospital April 2, 1906, giving the following history: Age 24; housewife; Italian; weight about 100 lbs; has lost twenty pounds during the last two and a half months. Family history, good. Previous history: Six years ago she had an attack of bronchitis which was followed by a swelling of the right knee which lasted for three or four months. Some pain was present which became more pronounced at any sudden change of the weather. Menstrual history normal. Births, one, January 22, 1906. Miscarriages, none. Vaginal discharge: Slight yellowish-white discharge at present. Vesical symptoms, none. Appetite, fair. Bowels, regular.

History of present illness.—She was delivered on January 22, 1906, of a seven-months' child, by a midwife. Hemorrhage from the uterus continued for twenty-three days following delivery—which was small in amount at first but gradually increased. She soiled three to five napkins daily. The patient felt well for two weeks following delivery, when she began to have some pain in the pelvis which continued for one week. A physician was then called and he incised

an abscess "near the anus." This gave relief for about a week, when the pelvic pain recurred and extended to the left hip and thigh, radiating to the knee. The patient was unable to keep the limb straight on account of pain and the thigh became more and more flexed. She has been confined to bed most of the time since birth of child. The patient on admission to the Hospital had a temperature of 101° F., pulse 100, respiration 24.

Physical examination.—Patient somewhat emaciated. Mucous membranes pale. Thorax, heart and lungs normal. Abdomen, an indurated mass was palpable in the lower abdomen extending from the left anterior superior iliac spine to two inches to the right of the median line. Vagina, mucopurulent discharge present; urethra normal; perineum firm; cervix two and a half inches from vulva; uterus in normal position, twice its normal size, fixed. A solid exudate was palpable from the cervix to the bony wall of the pelvis on the left side, anterior-posterior diameter about two inches and about the same from above downwards. Right side, exudate extends from the horn

Pneumonia: Some recover without treatment or despite it. In many recovery depends on the treatment.—Le Fevre, *Mcd. Record*.

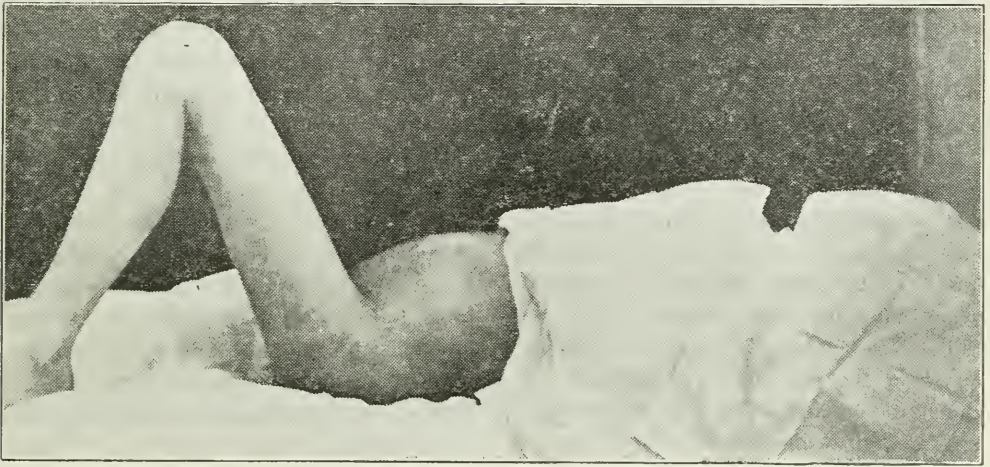
Pneumonia: Although the original reason for the old treatment was erroneous, clinical experience finds it of value.—Le Fevre, *Med. Record*.

of the uterus to the bony wall of the pelvis, indefinitely felt in the vault of the vagina—apparently about one inch broad and deep.

Extremities.—All apparently normal with the exception of the left leg; here the thigh was flexed to an angle of about 90° as shown in the photograph. The leg was freely movable at the knee-joint which could be fully extended without pain, but any attempt at extending the thigh caused great pain. The hip-joint was apparently free from adhesions; the head of the femur could be freely rotated in the acetabulum,

The patient was placed on a symptomatic treatment—the temperature improved somewhat but the mass in the pelvis and the pain persisted. The degree of flexion of the left thigh remained the same as on entering the hospital. An operation was deemed advisable and was performed April 7, 1906.

Diagnosis.—Left-sided pelvic abscess resulting from a puerperal infection involving the ilio-psoas muscle. The condition present was differentiated from a tubercular disease of the hip by: first, absence of crepitation; second, absence of any shortening of the



Showing Thigh Flexed in Case of Pelvic Abscess

causing no pain, and no crepitation could be heard, but any attempt at extension was futile.

Urine showed a trace of albumin; otherwise negative. Blood: White count, 23,200; lymphocytes, 16 per cent; large mononuclear and transitional, 4 per cent; neutrophils, 77 per cent; eosinophiles, 3 per cent. The differential count was of interest in making a diagnosis between a pelvic infection and a tubercular disease of the hip-joint. The absence of an increase of lymphocytes was evidence against a tubercular infection.

Other examinations were negative.

affected leg; third, absence of pain in the region of the joint except on extension; fourth, absence of pain on manipulation of the joint.

Operation.—It was impossible to extend the leg, with the patient in narcosis, beyond a point of about 45° of flexion. An incision was made into the pelvic exudate through the posterior vaginal fornix, care being taken not to enter the general peritoneal cavity. The abscess cavity was further broken down by means of the finger and about 4 ounces of foul-smelling pus escaped. The cavity was further explored with the finger and was

Certain measures found beneficial when pneumonia was thought a local disease still prove suitable.—Le Fevre, *Med. Record*.

Pneumonia: To what extent do clinical phenomena depend on the toxemia or on the local conditions.—Le Fevre, *Med. Record*.

found to consist of many pockets emptying into a central cavity. The finger was not long enough to ascertain the length of the cavity which extended up toward the hip joint. A sound was now introduced to see if there was any denuded bone—but none was found. A rubber drainage-tube was inserted into the cavity and sutured to the posterior lip of the cervix. A vaginal dressing was then applied to vulva. After the abscess was incised the left leg could be fully extended.

Pathology.—Pelvic suppurative exudate involving the ilio-psoas muscle on the left side. Smear from the pus showed: Many staphylococci, no streptococci, no tubercular bacilli found.

Subsequent course and treatment.—Following the operation a Buck's extension was placed on the left leg—no attempt being made to fully extend the limb. Each day following the patient was able to extend the limb a little more—the Buck's extension being removed on the fifth day.

The temperature was 102° F. the day following the operation; it gradually declined and became normal on the fifth day.

The vaginal discharge, at first profuse, became less and less, the drainage-tube came out on the sixth day and as some discharge persisted the abscess cavity was irrigated with boric acid solution each day following

until the discharge practically stopped, which was on the seventeenth day.

The patient sat up in a chair on the fifth day and began walking on the fourteenth day; at first she limped some but on leaving the hospital April 26th, nineteen days following the operation, there was scarcely any perceptible limp and there was no pain present on flexing or extending the limb.

Examination on leaving the hospital was as follows: Abdomen, the indurated mass which was palpable in the lower abdomen on entering the hospital had entirely disappeared. Vagina, uterus normal in size and position, and fairly movable, left adnexa slightly thickened, no tenderness. Left leg, the thigh could be completely extended or flexed causing no pain.

It is uncommon for the ilio-psoas muscle to be involved in pelvic abscesses. The infection probably extended along the lymphatic vessels to the lumbar lymph-glands which are in close proximity to the ilio-psoas muscle. It is possible that the mode of extension of the infection was by continuity of tissue under the peritoneum. The infection did not extend from the intra-peritoneal cavity to the muscle—as it would have to extend through the peritoneum and such extension could not occur along the lymph or blood-vessels.

Chicago, Illinois.

A CASE OF MULTIPLE GESTATION, ECTOPIC AND INTRAUTERINE.*

BY HUNTER ROBB, A. M., M. D.

Professor of Gynecology, Western Reserve University, and visiting Gynecologist to the Lake-side Hospital.

THE instances on record in which an extra and an intrauterine gestation have taken place at the same time are relatively numerous. Nevertheless this present case is the first instance of this sort

*The resume of the literature was abstracted from Kelly's "Operative Gynecology."

that I have met with in an experience of over twenty years in gynecological surgery. Occasionally an extrauterine pregnancy with death of the fetus is unrecognized at the time and is followed later, it may be by several years, by the intrauterine pregnancy.

Maybe Sinclair lied, but if Chicago inspectors had not condemned 116,679 lbs. of food last week what would have become of it?

Was the meat condemned really destroyed or did the tank open into the packing department as Sinclair says?

Coe, in 1893, reported an instance of this kind. Under these circumstances the pregnancy within the cavity of the uterus, may go on to term, or it may terminate in an abortion. From the fact that the subsequent intrauterine pregnancy is not abnormal, the indications for treatment are supplied by the condition dependent upon the ectopic gestation.

Gutzwiller has reported eighteen multiple pregnancies. Ten of these terminated fatally for the mother, and of the remaining eight, four women were saved by an abdominal operation. In one case both children were delivered alive, but the mother died. In Gutzwiller's case the ectopic pregnancy had advanced to the eighth month and the fetus had died as the result of an injury. The pregnancy within the uterus began shortly afterwards. Twelve months after the beginning of the ectopic gestation the abnormal condition was made out and an operation was performed; on the second day after a three months' fetus was expelled from the uterus, Spencer Wells made a diagnosis of an ectopic with an intrauterine pregnancy; in this case he found an enlarged pregnant uterus with a tumor attached to it, and could hear the sounds of the two fetuses.

Galabin had a case in which there were two fluctuating tumors separated by a distinct sulcus. The one on the right side reached to the ribs; that on the left side occupied the left inguinal and iliac regions. On the left side fetal movements, heart sounds and a uterine souffle were detected. In the right tumor a hard body could be made out through the fluid. A suggestive point in the history was the fact that the patient had had a sudden attack of pain and faintness which was followed by a marked peritonitis. The diagnosis lay between a ruptured ovarian cyst and an ectopic gesta-

tion with an intrauterine pregnancy; and the latter was found at the operation.

Wilson of Baltimore was able to save both children in an ectopic and an intrauterine pregnancy. His patient was delivered of a child one month before the full time. Both the patient and the midwife could make out that there was another child present. An examination showed that the abdominal tumor was not connected with the uterus. Fetal heart sounds could be made out. An operation was performed three weeks after the labor. Owing to the fact that the sac could not be removed, it was sewed to the abdominal incision and drained. The patient developed a sepsis which terminated fatally three months after the operation.

Fenger found two ova in the same tube, and Sanger met with a case of triplets, two of which formed a twin ovum within the uterus, the third being found in the ampullary portion of the tube. A number of instances of ectopic gestation occurring in both tubes at the same time have been reported.

REPORT OF CASE.

The history of my case is as follows: Mrs. A. F. (referred to me by Dr. I. Tripp of Nottingham, O.). Aged 35. Married sixteen years. 2-para, oldest child 15, youngest 14. One miscarriage at three months, about thirteen years previously. The menses began at 13; they were irregular, lasting seven days and painful. The last menstrual period had occurred April 1, two and a-half months before her admission to the Lakeside Hospital. About six weeks after conception the patient had had a sudden attack of sharp shooting pain in the lower abdomen. Similar attacks appeared every day or so afterward, lasting from half an hour to an hour. With the second seizure she vomited a considerable amount of mucus. She had also complained of being

The Druggist's Circular deserves its success, it is well edited—has a paper of mine in the May number.

How could we have foreknown that our advice to doctors to do their own prescribing would hurt the trade of some people?

chilly. With these attacks there was a rather free bloody discharge from the vagina which ceased when the pain subsided.

On admission the breasts were well developed and firm in consistency. There was some slight pigmentation around the nipples. There had been no history of morning nausea. The personal and family history had no special bearing on the case.

On bimanual examination I found the vaginal outlet slightly relaxed. The cervix was in the axis of the vagina, and near the outlet; the external os uteri was patulous, and the cervical lips were soft. The uterus extended out of the pelvis, and lay to the left of the median line. It was of the size of the closed fist, and was sensitive and rather soft. In the cul-de-sac and extending to the left pelvic wall an adherent doughy mass of the size of an orange could be palpated. As we felt pretty certain of the existence of a pregnancy within the uterus, in addition to what seemed to be an inflammatory condition involving the left lateral structures, I informed the patient that any intraabdominal manipulations might produce a miscarriage.

Diagnosis before operation.—Inflammatory disease involving the left tube and ovary with an intrauterine pregnancy.

Operation.—The abdomen was opened in the median line. Some free blood with clots was found in the cul-de-sac. The left tube and ovary were enlarged and adherent to each other and to the broad ligament. The ampullary portion of the tube was dilated and contained a blood clot and parts of a fetal sac. The isthmial portion of the tube was normal. The fetus was not found. There were also some adhesions between the right tube and ovary and the uterus. These were separated and the tube was removed. The appendix was also removed. The abdomen was closed without drainage

in the usual manner. The patient made an uninterrupted convalescence with the exception that on the third day following the operation she complained of a bearing down pain in the lower abdomen, and expelled from the uterus, together with some membranes, a fetus of the size of two and a half months. Three days later some bits of placental tissue were expelled.

Pathological report.—Examination of the Fallopian tubes, left ovary, and the vermiform appendix, was made by Dr. Russell H. McClure, former interne on the Gynecological Service of Lakeside Hospital; as follows:

Macroscopical examination.—Left tube. Only a portion of the tube (6x2.5 cm.) is present. The remainder of the distal end of the tube had been torn off by the rupture. The walls of the tube are thickened and congested. The lumen of the tube is filled with broken down necrotic tissue which contains blood. Fairly dense adhesions bind the tube to the ovary.

Ovary. The left ovary measures 3.5x2.5 cm. The external surface is slightly irregular in outline, and the ovary is bound to the tube by dense adhesions. The outer three-fourths contains a fairly large Graafian follicle cyst. At the inner end there is a small corpus luteum cyst 5 cm. in diameter. The remainder of the ovary shows a slightly thickened cortex with a normal medulla.

The right tube measures 8x1 cm. The peritoneal vessels are much congested. Attached to the tube are several rather firm adhesions. The distal end of the tube is patulous. On section the walls are not thickened. The mucous membrane is slightly edematous.

The appendix measures 8x5 cm. The base is slightly thickened. There are a few adhesions to its outer surface. The walls are not thickened, and the mucous membrane

When we urged the doctor to think for himself we seem to have played the mischief with some vested interests. Don't care!

Without undue self-assertion we believe we American physicians are capable of constructing our own prescriptions.

is normal. The lumen is patulous, and is filled with a thick yellowish material, which has a fetid odor.

Microscopical examination of the left tube does not show any adhesions on the surface. The walls of the tube are thick and infiltrated with round cells and a few polymorphonuclear leucocytes. The folds of the mucous membrane have been pushed to one side by an exudate, and are cystic in places. The lumen is filled up with placental tissue, which contains small islands of decidual tissue. The placental tissue shows a great many polymorphonuclear leucocytes. This

tube shows a *chronic salpingitis, with an infected placenta, and an ectopic gestation.* The placental tissue shows a great many polymorphonuclear leucocytes, but the decidual tissue appears normal. The right tube shows a few adhesions over its outer surface. The blood vessels are dilated in places. The walls of the tube appear normal. The folds of the mucous membrane are adherent in places. The left ovary with the exception of a few adhesions on its outer surface is practically normal. The appendix is normal.

Cleveland, Ohio.

MALIGNANT DECIDUOSYNCYTIOMA, WITH REPORT OF A CASE.*

BY WILLIAM B. DEWEES, M. D., LL.D.

HISTORY.—This extremely malignant and rare disease makes it one of great interest. So seldom was it observed that it was a medical curiosity up to within the last decade. Indeed, it was not known until 1889 when Sanger first described it and recorded the first two cases. In the same year, Pfeiffer reported the third case on record. In 1893, Noble of Philadelphia, operated on the first case reported in this country; and in the same year Sanger reported twelve additional cases. In 1898 a case was observed in the clinic of Dr. Tuttle of Chicago. In 1900, Noble operated on his second case, and in the same year Davis and Harris reported a case. In 1902 Ladinski collected 132 and Bandler 150 cases. In 1904, Teacker recorded 188 cases; Metcalf and Swafford, one; Wallert, one; Krukenberg, one; Finley, one; Crowell, one; and Dewees, one. In 1905, Bland reported one case and Branson, one. Thus we found a total of 497 authenticated cases on record.

There is no doubt that this number does

not include all the cases on record, and that there have been other cases diagnosed and not reported; nor that cases have occurred much more frequently than the record shows which have been entirely overlooked or diagnosed by some other name. Most of the cases probably have passed into oblivion with the diagnosis of carcinoma of the uterus, while possibly many of the recognized cases never received publication. In this connection it may be noted that the cases described as "malignant neoplasms following parturition" by Chiari as far back as 1877; and the two rapidly fatal cases of "sarcoma of the decidua serotina" reported by Sanger in 1888, were probably of this disease.

It is only within the last decade that a sufficient number of cases have been observed, recorded and studied to give the knowledge of this disease which we now possess, which is even yet too indefinite and uncertain. However, with disseminated knowledge came accuracy in diagnosis, so that this disease which was a medical curiosity only a few

*Read before the Golden Belt Medical Society.

A wooden table covered with blankets is well nigh as good as a table of glass or of metal.—Da Costa, *Med. Record*.

Iodoform is not germicidal when dusted on free surfaces, but is germicidal in an inclosed space like a tuberc. cavity.—Da Costa.

years ago may soon lose its rank as a rare disease.

Pathology.—This most malignant of all uterine tumors is a peculiar neoplasm. It differs from all other forms of cancer of the uterus in that it occurs nearly always after pregnancy, and most frequently after hydatidiform pregnancy; in that its parenchyma is derived from two forms of cells—the cells of the syncytium and the cells of the decidua; in that its origin is in the fetal tissue; in the syncytium—and its development in the maternal tissue; in the decidua.

This is based on Marchand's theory, which is now generally accepted. He holds that this neoplasm originates in the fetal ectoblast or trophoblast. That after the fertilized ovum is implanted on the endometrium, the trophoblast develops villi which penetrate the endometrium to reach the maternal network of blood-vessels from which the ovum is nourished. Covering these chorionic villi is an epithelium consisting of two layers—the outer, the syncytium; the inner, Langhans' layer of cells, which Langhans considers mesodermal in origin, syncytium resulting when the blood comes in contact with fetal cells. This syncytium consists of protoplasmic masses which are the product of blood cells—the nuclei being the changed trophoblastic nuclei.

According to McFarland, in *American Journal of Obstetrics*, Volume XLIX, 1904, "This growth is derived from the syncytium, and the syncytium is the undifferentiated embryologic tissue, and the tumors derived from it are neither epithelial nor sarcomatous."

According to Dudley, in his "Diseases of Women," page 353-4, "The growth is composed of and characterized by decidual or placental elements, and differs essentially from all other neoplasms; its essential

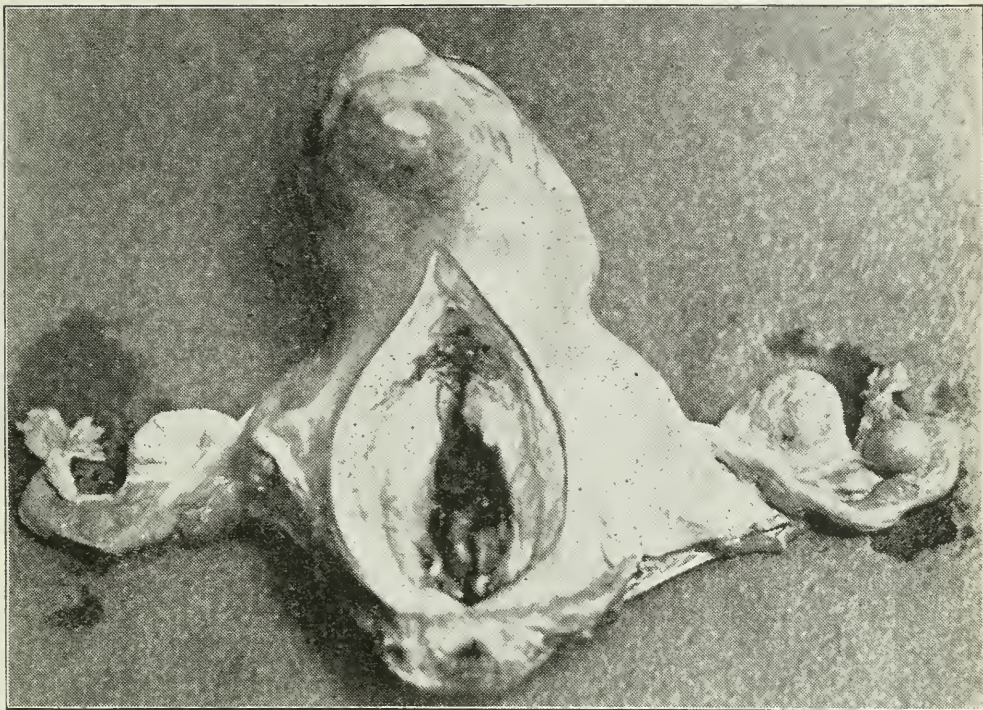
element is a large giant-cell. This cell is embedded in a kind of cellular tissue which resembles sarcoma and which makes up the greater part of the growth. The presence of so much sarcoma-like substance has raised the question whether the disease is not essentially sarcoma. On the other hand, the tumor is epithelial (quoting from Marchand—in Playfair's System of Gynecology, page 737): "The tissue combining in its formation being: (1) Syncytium—i. e., the uterine epithelial layer of the chorion; (2) the element of the so-called cellular layer—layer of Langhans—i. e., the ectodermal epithelial layer of the chorion." The question has heretofore also been raised whether the growth is not carcinoma. The classification, however, is *sub judice*. "The growth is rich in blood supply; the blood is confined within irregular spaces; the vessels have no walls; hence the frequent hemorrhages. Necrotic changes take place early. Under the necrosed tissue is solid tumor, and under this normal uterine tissue. In the development of the growth the normal constituents of the uterine wall are rapidly replaced by invasion of giant cells and small round connective cells."

Most investigators now agree that this neoplasm originates in the layers forming the covering of the chorionic villi, and since demonstrations have been made which leave no doubt that these protoplasmic masses found in this growth originate in the syncytium and develop in the decidua, therefore, the name Malignant Deciduo-Syncytioma is, in my opinion, the best designation for this peculiar neoplasm, because it at once fixes in the mind the nature of the growth with its distinctive features, its origin, its location, the conditions under which it exists and develops.

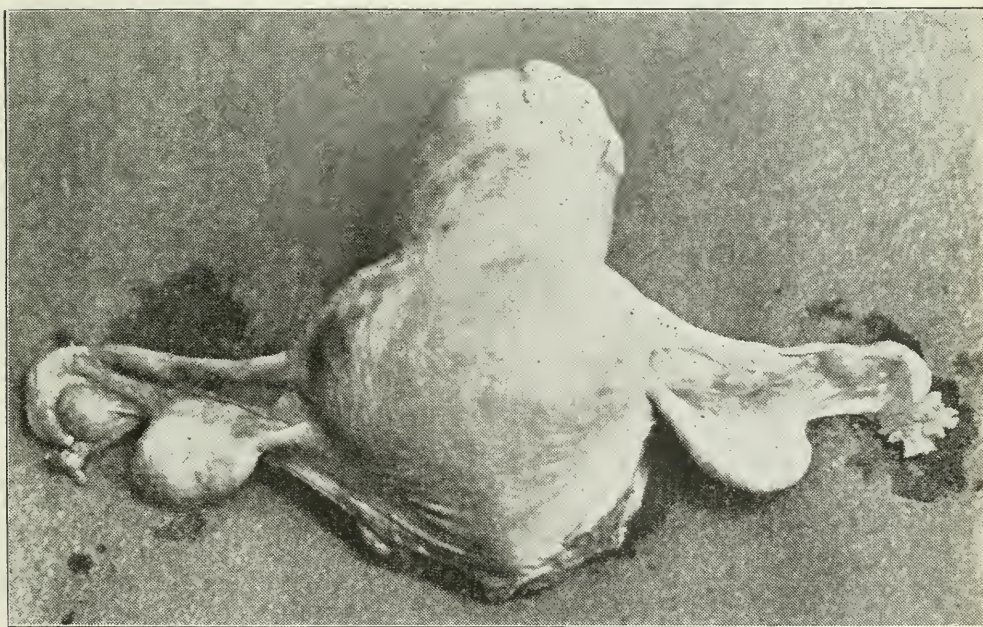
Synonyms. — Chorioepithelioma; Carcinoma Syncytiolite; Syncytioma Malignum;

To the manufacturers of proprietaries belongs the credit of keeping alive faith in drugs when nearly dead.

Legitimate pharmacy applauds advance in medicine; the other man reads in it the doom of his little graft.



Front View



Back View

MALIGNANT DECIDUOSYNCYTIOMA.—Dewees.

Choriocarcinoma; Chorionic Epithelioma; Sarcoma Uteri Deciduocellulare; Malignant Placental Polyp; Sarcoma Deciduocellulare; Deciduoma Malignum; Malignant Deciduoma; Malignant Syncytioma; Malignant Decidual Syncytioma; Malignant Placenta; Sarcoma Chorion; Syncytioma Sarcoma; Deciduocellulare; Sarcoma-deciduo-choriocellulare; etc. The sprat has plenty of aliases which are but a confusion of terms and in no wise aid in the elucidation of a more definite nomenclature.

Diagnosis.—Early diagnosis is of first import. This depends upon intermittent profuse hemorrhage after a history of pregnancy, parturition or abortion, with frequently hydatid moles which may or may not be discharged with the hemorrhage; and microscopic findings. The diagnosis is incomplete when not confirmed by the microscope. Pain is not a constant or prominent symptom. The first characteristic symptom usually is recurrent hemorrhage which is very difficult to control and followed by a dirty, profuse, foul-smelling watery discharge coming on some days or weeks after delivery at term, abortion or the discharge of a hydatidiform mole. The recurring hemorrhage increases in severity and rapidly leads to anemia, emaciation and cachexia. Metastasis occurs by the venous route; the diseased cells or actual fragments of diseased tissue penetrate the blood vessels, break off and float away in the lungs, vagina, liver, pancreas, kidneys, spleen, heart, ribs, brains, etc., and produce symptoms referable to the newly infected part. Metastases occur most frequently in the lungs, producing cough, bloody expectoration or hemoptysis. When metastases exist associated with intrauterine and subjective symptoms the diagnosis is seldom wrong.

Physical examination reveals an enlarged uterus, with frequently the cervix sufficiently

open to admit the finger which detects coagula of blood and masses of soft, friable tissue that may be easily broken down and extracted, and which may be necrotic with foul odor. Metastases occur early in the disease, hence, smooth metastatic nodules may be felt by the finger along the tubes or in the vaginal wall.

Portions of retained secundines, such as we meet with after ordinary incomplete abortion, miscarriage or labor at full term, will present the same symptoms of hemorrhage and foul discharge just mentioned as belonging to this malignant neoplasm. How shall we distinguish between the two sets of cases? This can be done very easily. In the benign cases, after labor at full term or miscarriage or abortion the cavity of the uterus once emptied remains normally empty. In these malignant cases the growth not only returns but returns with extraordinary rapidity, so that after the uterus has been completely emptied with the curet it fills up again within a few days or weeks. Marchand reports a case in which, after curetting, the uterine cavity was again completely filled with the morbid growth five days after the operation. This rapid recurrence after curetment, which is not always as pronounced as in Marchand's case, is very different from the complete cure that usually follows the removal of retained secundines.

Other distinctive features of this growth are that it occurs mostly in early life—between the ages of twenty and thirty—no case being recorded outside the parturient age—while the other forms of uterine cancer occur mostly late in life; that it develops much more frequently with early metastasis, which takes place by the venous route and not by the lymphatic channels as in all other forms of cancer of the uterus; that it begins usually in the body and fundus of the uterus, where the placenta is likely to be situated,

The lowest grade of drugs is sold to institutions and to country practitioners who dispense their own medicines.—C. A. L. Reed.

Manufacturing establishments openly acknowledge that they manufacture preparations of varying degrees of purity.—C. A. L. Reed.

and not in the cervix as is most common to other uterine cancers. This last is of great practical import, since no physical sign of cancer in the cervix might result in overlooking the disease within the uterus.

Prognosis.—This malignant disease runs a very rapid course to a fatal determination, usually in from three to six months, unless its invasion is prevented by the radical measure of an early and complete hysterectomy.

We have noted that this neoplasm is usually one of rapid development, running its course in a few weeks or months, and that it occurs most frequently after hydatidiform pregnancy; that it also occurs after normal delivery, after miscarriage, after abortion and after extrauterine pregnancy. But, we must not forget that this growth may remain in a latent or quiescent condition for months after impregnation, and that it has been observed as having developed during as well as after pregnancy. In 210 cases of hydatidiform mole, collected by Finley, about 16 per cent of the deaths resulted from this malignant disease. In a series of 128 cases, collected by Ladinski, in which the nature of pregnancy was recorded, 51 followed hydatidiform mole, 42 followed abortion, 28 after labor at full term, four after premature delivery and three after tubal pregnancy. Thus, the hydatidiform mole, which is in itself not necessarily malignant, is by no means the benign growth it was formerly considered to be. It is also to be remembered that metastatic formation may be the first manifestation of this disease, which may equal or excel the primary tumor in size. According to Dorland the relative frequency of occurrence in the various organs of this disease he concluded as follows: lungs, 78.37 per cent; vagina, 54; spleen, 13.5; ovary 13.5; kidney, 13.5; liver, 10.8; broad ligament, 10.8; pelvis, 10.8; brain, 5.4.

Finally, since hydatidiform degeneration of the chorial villi—the syncytium—itsself only occurs once in two thousand or three thousand pregnancies—I quote from Hirst's *Obstetrics*, page 113—and since only a minority of these result in this malignant disease, our interest in the subject quite naturally diminishes from this infrequency of occurrence, as most of us perhaps never have seen or may probably never see a case of this comparatively rare disease.

CASE HISTORY.

Report of Case.—The only case of this disease that has come under my observation is the following: Mrs. S—, Swede, age 34, wife of a farmer; herself raised on the farm with family and personal history very good. Always menstruated regularly and normally. Married four months. The second month after marriage, she failed to menstruate. Soon after she began to suffer with nausea and vomiting, mostly in the morning. Her breasts enlarged and became painful, and she felt strangely. She contented herself with the thought that she was pregnant. Six weeks later she began to have very slight intermittent pain about the uterus followed by a dark-red colored watery discharge. This continued to increase for about a week when she noticed with the discharge small pieces of a flesh-looking substance. She now consulted Dr. C. C. Violett at Lindsborg, Kansas, who took charge of her case. After studying and treating the case for a week, without being able to improve her condition (which to the contrary continued to grow worse), he asked for counsel. Dr. W. S. Harvey, of Salina, was called who diagnosed the case as one of fibroid tumor of the uterus. A few days later I was called to see the case in consultation with Dr. Violett. This was about four months after her marriage and two months after she had failed to menstruate normally.

The practical lesson from our recent work to be learned is the isolation of all cases of pneumococcus.—Flick, *Medicine*.

Lightning pains of tabes may call for mercury, or be relieved by sodium nitrite given on alternate ten-day periods.—Raymond.

I found her a well developed, robust looking woman with a rather anxious expression on her face. She was able to be up and around and attend to most of her household duties. She suffered no pain, except the slight periodic seizures which were apparently due to contractions of the uterus in its efforts to expel its contents. She had constant nausea and manifested considerable anxiety as to her condition. This is all I could elicit from her in addition to the aforesaid history. On physical examination I found an enlarged uterus, somewhat displaced laterally with os to the right and the fundus to the left of the pelvis; and in addition an enlargement or tumor to the left of the uterus which was so contiguous to it that it was impossible to separate it with the fingers by bi-manual manipulation. The os uteri was sufficiently open to admit the index finger, which detected soft masses and blood clots that filled the entire cavity of the uterus. Upon withdrawing the finger several handfuls of this substance was expelled by the uterus together with considerable watery discharge of a somewhat foul odor. There was, indeed very little pain produced by this examination. I gave it as my opinion that the substance expelled from the uterus was portions of the decidua which had formed within the uterus in connection with extrauterine pregnancy, which it appeared to me the tumor to the left of the uterus must be when taking into consideration the history of the case. Therefore, I made my diagnosis tubal pregnancy, in which Dr. Violettt concurred.

I advised immediate operation which was consented to. The patient was immediately taken to my private hospital in Salina, where Dr. J. W. Neptune examined the case with me afterwards and confirmed the diagnosis. After three days of due preparation the operation was made. Upon opening the

abdomen, I found, instead of tubal pregnancy an oblong subserous fibroid tumor attached to the fundus of the uniformly enlarged uterus which had been forced, by the superincumbent weight of the abdominal viscera, to occupy a position in the left side of the pelvis and displace the uterus accordingly. Thus was demonstrated the fact that I had fallen flat with my diagnosis. But the question that remained for immediate solution was, what course best to pursue since it was impossible at that moment to account for the nature of the substance that had formed within the uterus. However, fearing malignancy, I promptly decided to make a complete hysterectomy and so proceeded forthwith. The operation was promptly completed with the assistance of Drs. Neptune and Violettt and the patient placed in bed in good condition. She continued very favorable for several days when a metastatic invasion of the lungs manifested itself by cough, hemoptysis and general toxemia which developed so rapidly that she died within a week later.

I submitted a specimen cut from the decidual and uterine portion of the cut surface of the uterus after it was hardened in alcohol for microscopical examination. This brought me the following report: "Specimen or section on microscopical examination revealed bands of syncytial tissue with large giant-cells and scanty intercellular substance. Also some smaller cells, oval and spindle-shaped, closely packed together after the manner of decidual cells, differing principally in that there was less protoplasm and more deeply stained nuclei. No uterine glands. Nodular masses of oval cells throughout and extending into the uterine wall by expansion or infiltration, retaining to a marked degree the line of demarkation between the decidua and the uterus."

The only way to prevent refilling is for the doctor to get the medicine himself from the druggist, with no number on the label.—*Ther. Dig.*

Pittsburg finds it has been eating fish over four years in cold storage, from the testimony given in a court trial.

Thus we have here a case of malignant deciduosyncytioma following hydatidiform degeneration.

Salina, Kansas.

This is an interesting report of an exceedingly rare condition.

Have any of our readers seen similar cases?—ED.

EXPERIENCES WITH HYOSCINE HYDROBROMIDE AND MORPHINE HYDROCHLORATE FOR SURGICAL ANESTHESIA.

BY EMORY LANPHEAR, M. D., PH. D., LL.D

Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of Surgery in the St. Louis College of Physicians and Surgeons.

WHEN I read the paper of Dr. W. C. Abbott, of Chicago (*International Journal of Surgery*) in which he declares that hyoscine should be the equivalent of scopolamine for producing surgical anesthesia I determined to give it a thorough trial. The reasons for this were first, that both ether and chloroform are objectionable, especially in abdominal surgery, on account of (a) the vomiting, (b) the increased shock in prolonged operation and (c) the danger; second, that scopolamine as an anesthetic for surgical work has proven (a) so dangerous and (b) so unreliable; third, that hydrobromide of hyoscine is a drug of well-known safety and absolute reliability. If the combination of hydrochloride of morphine and hydrobromide of hyoscine in proper proportions would produce an anesthesia of many hours' duration, as it should theoretically, the problem of a safe, cheap and easily administered anesthetic would be solved.

I have now used it in more than a hundred capital operations, with the most perfect satisfaction in all but a few which required considerable quantities of chloroform in addition. A few of the most convincing tests are the following.

Strangulated Hernia.—Widow of 48, patient of Dr. S. H. Wilcox, of Shattuc, Ill., umbilical hernia, size of adult head eighteen years, incarcerated four years, bad strangulation

forty-eight hours, violent vomiting temperature 101° F. on admission to hospital. At 9 p. m. one dose of morphine and hyoscine; at 10, anesthesia complete, but not asleep. Fifteen or twenty drops chloroform caused snoring which continued for two hours' operation—resection, removal of entire omentum, excision of sac and closure. Patient slept until morning, vomited slightly at daylight; then slept, in naps, most of day, hungry at night, taking water without nausea (thirst being distressing from long vomiting before operation). Bowels moved second day and convalescence was perfect save for some wound infection from contamination of gangrenous matter during operation. [Reported in *Iowa Medical Journal*.]

Abdominal Nephrectomy.—Patient of Dr. J. B. Graham, operation in farm-house near Jameson, Mo. Patient, woman of 48, extreme emaciation and very weak. Huge tumor of kidney, adhesions to liver, to diaphragm, to colon and to muscles of back. One dose of hyoscine and morphine at 9 a. m., second at 10:30, operation at 11; about two drams of chloroform required for operation of one hour and twenty minutes; unconscious even when tumor was literally torn from its posterior attachments after ligation of renal artery. Perfectly quiet *without* chloroform. Surprisingly little shock two hours after operation, though some mild

Dr. Egan denies Guiteras' statement that the diagnosis of yellow fever is very easy and quotes a case to prove his position.—*Bulletin*.

Now is a good time to begin circulating the State Board of Health's rules for babies in hot weather. Free to Illinois doctors.

delirium when aroused from sleep. Dilation of pupils noted, especially after operation. She slept most of the time for the first twenty-four hours and had no pain until packing was removed on the third day.

Excision of Entire Chest-Wall.—Patient of and operation by Dr. J. C. Murphy, of St. Louis; man suffered from a crush of left side of chest, many ribs shattered; tenth day empyema marked. One dose of hyoscine and morphine one hour and a half before operation, second a half hour before. Operation lasted nearly two hours, ribs being cut away from sternum and in axillary line down to diaphragm; pleura cleaned of several quarts of pus; parietal pleura cut away, visceral cleaned of much fibrinous deposit. Patient was awake during entire operation but expressed no discontent except when the heart was handled too roughly; no pain. He sat up on table while bandages were applied; suffered but little shock and slept several hours the first night.

Delayed Labor.—M. M., age 19, unmarried, primipara, was taken in labor at 4 a. m. At 8 a. m. dilation was fair but head at pelvic inlet. One dose of hyoscine-morphine was given. At 10 a. m. dilation was complete but pains not severe and head just beginning to engage. Second dose administered, forceps sterilized, patient prepared. Forceps applied at 10:30; patient awake, muttering complainingly but offering no resistance; seemingly conscious of pains, bearing down at command. Delivery effected at 10:50, with tear of perineum to anal verge; no evidence of recognition of much pain. Patient asleep at delivery of placenta; no resistance during introduction of sutures. Slept six hours and awoke unconscious of her delivery.

Curettage and Appendectomy.—Mrs. P. B., patient of Dr. R. A. Goodner, of Nashville, 38, German, exceedingly obstinate and

ugly, was given first dose at 8 a. m., second at 10, but apparently without effect. Fully an ounce of chloroform was required to secure anesthesia, but when perfectly relaxed less than a dram was required to maintain anesthesia an hour and a half for (1) curettage (2) appendectomy (3) ovariectomy for huge abscess with adhesions to all neighboring tissues. Probably the reason for slowness and imperfect hyoscine-morphine anesthesia was that the drug was injected into fatty tissue (of which she had an abundance) instead of the cellular structures from which absorption would have been rapid.

Decapsulation of Kidney.—Miss A. N., age 25, patient of Dr. R. F. McKaig, of Wever, Iowa, was operated on in August, 1905, for loosened right kidney; vomiting was severe and distressing for forty-eight hours from ether; May 9 at Centenary Hospital, St. Louis, she had one dose at 1 p. m., a second at 2 p. m. and about one-half dram of chloroform at 2:30. Left kidney was exposed, delivered, decapsulated and sutured into proper position; peritoneum opened and splenic flexure of colon raised and sutured to parietes at proper height. Operation required forty minutes; patient was awake and somewhat restless but felt no pain and next day remembered nothing of the operation. There was no nausea, but little pain, and patient slept eight hours the first night.

Hernia in Hysteria.—Mrs. G., age 32, patient of Dr. J. F. Devin, of Shelbyville, Mo., hospital, recurrent ventral hernia, third abdominal section, had vomited continuously for forty-eight hours after each previous operation. One injection at 8 a. m.; second at 9:30, as analgesia not complete; about fifteen drops of chloroform at 9:50. Operation required nearly two hours; patient had to be spoken to several times, but did not struggle and said she felt no pain—some nausea when liver was handled, but none when stomach

Your stomach has no teeth to grind up your food. Use your teeth and insalivate thoroughly.—*Medical Mirror*.

Outdoor exercise puts an edge on appetite. Don't eat a meal when tired out. Fatigue destroys digestion.—*Medical Mirror*.

was pulled out for inspection. Returned to bed sleeping sweetly; vomited slightly two or three times during afternoon, but slept eight hours at night and awoke next morning cheerful, smiling, contented and hungry, remarking, "I never felt better in my life; that kind of an operation is a picnic."

Prolonged Abdominal Section.—Mrs. P., age 53, patient of Dr. M. G. Squire, of Carrollton, Ill., huge abdominal tumor of thirteen years' growth, had been tapped hundreds of times (three to eight gallons each time); fluid now too thick for even a huge trocar; dyspnea intense; weakness extreme. At St. Mary's Infirmary two doses one hour and a half apart; about 20 drops of chloroform caused sleep of eight hours' duration. Of this time fully two hours were occupied in tying off adhesions to liver, stomach, intestines, uterus, etc., and in completing the toilet. The abdominal cut measured 32 inches (ensiform to near pubis, over tumor); the abdominal wall about 8 inches wide by 20 inches long was cut bodily away as adhesions at points ofappings could not be otherwise liberated. Closed without drainage, about thirty sutures. She never stirred from first to last, slept twelve hours and awakened without shock and without nausea.

These histories might be extended almost indefinitely as they covered almost all kinds of surgery, trephinations, appendectomies, vaginal and abdominal hysterectomies, lacerations, tumors, hemorrhoids, bone cases, etc.

CONCLUSIONS.

1. In the hyoscine-morphine combination we have an anesthetic of apparent safety and nearly perfect uniformity.

2. Two doses one and a half hours apart, supplemented by a few drops of chloroform, suffice to produce surgical anesthesia of at least three hours' duration.

Harris' remedies for tinnitus: Strychnine, iodide, glonoin, gelsemium, bromide, digitalis.—*Hunt, Med. Mirror.*

3. There is practically no shock from even prolonged and very severe operations unless great quantities of blood are lost.

4. There is no post-operative vomiting—so distressing in abdominal surgery.

5. There is freedom from pain for many hours after operation so that patients often sleep all night after the most painful operations.

6. There is but trifling interference with peristalsis.

CAUTIONS.

1. The patient may sleep for many hours after operation; a fact of which friends must be told in advance.

2. Patient may be aroused at any time after operation, but should not be, as much excitement (even delirium) may follow.

3. It should not be administered to patients under twelve years nor to the very old.

4. If sleep is too prolonged strong coffee may be given by rectum.

5. A pure drug should be used, as atropine in the hyoscine upsets the anesthesia. The Abbott tablets have proven satisfactory.

6. Ether should not be given after this anesthetic—a few drops of chloroform now and then on an Esmarch inhaler will be all that is necessary in even the most restless cases.

7. Extreme care must be exercised not to give chloroform unless patient is very restless; a moment's waiting now and then with a few quieting words will be found better than chloroform.

METHOD.

Two hours before operation one-quarter grain of morphine and one one-hundredth of a grain of hyoscine hydrobromide are given hypodermically in loose cellular tissue of the arm or neck.

One-half hour before operation patient is put on operation-table and told to go to

All who have tried bloodletting commend it as the surest, safest, promptest remedy for acute pulmonary edema.—*Coplin, Ther. Gaz.*

sleep, with the positive assurance that there will be no pain! A second dose is now given.

If patient is not asleep at end of a half hour a few drops of chloroform are given by inhalation, the patient being told not to move if he should awaken during the work.

Silence must be maintained during the operation lest the patient become excited.

The hands must be tied above the head to prevent involuntary movement, and it is best to tie the knees to the table in abdominal work.

St. Louis, Missouri.

A CASE OF CESAREAN SECTION; FIBROMYOMATA COMPLICATING PREGNANCY.

BY EDWARD N. LIELL, M. D.

Formerly Lecturer on Gynecology, New York Polyclinic.

THE attitude of obstetricians towards operative delivery tends to encourage surgical intervention in many obstetrical conditions. Acting with conservative promptness in dangerous complications often saves many lives, both mother and fetal.

Operations have been repeatedly performed for fibroids present in a uterus at or after the age of forty, the rapid increase in size being attributed to a change in the character of the uterine growth, and a pregnancy found as the basis for the apparent lighting up of the growth.

In this connection I desire to report the case of a patient upon whom I performed a Cesarean section, a fibromyoma complicating pregnancy. I first saw the patient in consultation February 19, 1905. She then gave the following history:

Age 39, married twenty-four years, sterile; menstruation regular until December 8 previous; no symptoms of pregnancy. For a year previously she had noticed a growth on the left side, which had increased more rapidly during the past three months. Examination revealed a uterus the size of a fetal head, fibrocystic in character, the fibroid thickening being more to the left and posteriorly. I made a diagnosis of uterine fibroid

with possible pregnancy. A subsequent examination, on May 12, showed that the uterus had increased in size, was still firm, and seemed to flare more to the right; no symptoms of pregnancy, though menses still absent. The diagnosis at this time was probable pregnancy with fibroid. The associated increasing pain and distress in connection with the gradual increase in size of the uterus, and her positive unbelief in the existence of pregnancy was such that, because of the certainty of tumor she desired an exploratory operation, which was subsequently performed.

With the probability of a Cesarean section in mind, the uterus, firm and fibrocystic in character, was lifted up, the intestines protected by gauze and an elastic ligature placed temporarily around the cervix to control hemorrhage. The existence of pregnancy was established, an incision made into the uterus, the fetus rapidly extracted and passed to an assistant, the cord having been previously doubly clamped and cut between. The placenta and membranes were then detached and removed, the fingernail acting as a curet, and the uterine cavity cleansed with sterile gauze sponging. There was a surprisingly small quantity of amniotic liquid present. It was noted at this time

Study drugs till you know their action, then prescribe in such manner that exact effect may reasonably be expected.—*Medical World*.

How can you prescribe for exact effect that may reasonably be expected drugs whose effect is not exact?

that the right and upper portion of the uterus flared out, balloon-shaped but hard, simulating pregnancy in a bicornate uterus or a sacculated uterine pregnancy, the fibroid condition existing in the left and posterior portion, thus preventing symmetrical development of the pregnant uterus. In closing the uterine incision, the inner wall was su-

tured with continuous catgut, the outer wall with interrupted silk, and the abdominal incision with silkworm gut.

The six-months-and-a-half fetus lived but an hour; a source of regret was that an incubator was not at hand to prolong its life and aid its development.

Jacksonville, Florida.

ENDOMETRITIS.

BY CURRAN POPE, M. D.

Professor of Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent Pope Sanatorium, Louisville, Ky.

V.

TREATMENT.

CERTAIN general facts should always be borne in mind in the treatment of chronic endometritis. It may be stated as axiomatic that the better the general health of the sufferer the quicker will the endometritis improve. The converse is also true that the quicker we benefit endometritis the sooner will good general health follow. The two are indissolubly linked together, and for this reason both must be given constant and assiduous attention. Cases of long standing require long treatment and unless this is plainly laid before the patient the results desired cannot be obtained. The local treatment of endometritis must be always considered in the light of existing complications and the treatment so arranged as to meet the original disease and overcome the complication. The first essential to success is to secure good and free drainage and of this we will have more to say later on.

The first instinct of the medical mind upon having made a diagnosis of chronic endometritis is to reach for the curet and at this point it seems proper to take up the question of its use. Curettage in old cases

is useful only to remove foreign material and debris as it would be necessary to destroy some of the deeper layers of the uterus if the entire membrane were to be removed. The fact that the uterine mucosa can be so easily removed and so rapidly regenerated is no argument for its removal and the notion that a new germ-free mucosa is substituted is a dream worthy of the ingenious imagination that usually follows "hitting the pipe." The crypts and follicles extending deep into the muscular layer are out of reach of the curet and it is for this reason that surface applications fail and for an equal reason it is that galvanism reaches its most useful stage in zinc, mercury or copper cataphoresis. It is not only driven *upon* the surface but actually driven *into* the glandular and muscular structures of the body.

The problem has, to the author, been more than the simple one of removing the debris by the curet, the application of antiseptics and caustics, but involves a general and more extensive stimulation of all the forces within the pelvis. Circulation, innervation, metabolism, those intricate processes of restoration and repair we call troph-

Renal insufficiency from autotoxic strain: If dyspnea or asthma appear much benefit results from aspidospermine.—Butler, *Med. World*.

Iodized lime: It is susceptible of proof that the lime in this mechanical combination is more valuable than the iodine.—Aulde, *Med. World*.

ic, dominated by the central and sympathetic nervous system, all must be reached if we would rouse the lethargic pelvis into healthy activity, for we are dealing with a problem that extends far beyond the mere debris of the bacterial storm. We have here to overcome exudates, proliferations of connective tissue and inflammation.

In general terms it may be stated that these cases suffering from chronic endometritis should remain in bed during the menstrual period or be very quiet until such time as they are justified in moving about. Even then they should rest a great deal during the day and be more careful in their general conduct at or about the menstrual epoch. Patients who are improving and who have made a recovery, should be taught to exercise and to guard themselves against the enervating habits of luxury, and indolence which exhaust the general health and nervous vitality. These cases invariably demand limitation of marital intercourse.

THE DIET.

The diet should be mixed, nourishing and consist of three meals daily, taken at regular hours with a strict forbiddance of eating between meals. All rich, highly seasoned, spiced, and indigestible food must be avoided. These invalids, like many others in America, are extremely careless in the manner and method of eating and for that reason they should be taught to cut up their food finely and to masticate thoroughly, securing complete salivation, this being an essential prerequisite of normal digestion. Where actual digestive disease has been shown by a careful analysis of the gastric contents, the diet must be adapted to meet the condition, but the aim should be to crowd the digestive capacity to the top notch in order that nutrition may be brought to the highest point. These remarks of course do not apply to those patients who are the

subjects of scanty and irregular menstruation, accompanying endometritis, for in their case benefit will result from spoliative, rather than reconstructive measures.

EXERCISE.

Any exercise that may be prescribed for these patients must at the start be very light and gentle, that is to say, barely enough to produce gentle fatigue, and it may be said in passing that some soreness of muscular tissue will always be experienced if the amount of exercise taken is sufficient to accomplish any good. The average American woman suffering from endometritis is muscularly "stale" and great care must be exercised not to overstep her limited capacity. Nothing is better to commence with than deep breathing exercises best taken in the morning and evening when the clothing has been removed and the patient is *en deshabille*.

When there is displacement or uterine enlargement, the following exercise will be found of great value to the patient: Placing herself in the genu-pectoral position the patient takes a deep abdominal breath, then expels the breath by contracting the abdominal muscles forcibly, at the same time drawing up as strongly as possible the muscles of the pelvic floor. By these means the round ligaments as well as the abdominal and perineal muscles are vigorously exercised. From these simpler exercises the patient can proceed to free hand exercises and body movements and a little later to the resistive movements that are at the present time well known to the profession.

When a nurse is at hand, Swedish gymnastics as well as resistive movements can be used with great benefit. Until recovery takes place the author has not found or used the wooden dumb-bells, Indian clubs, wands, chest weights, and upright bars, such as are found in the ordinary gymnasium,

The Chicago Health Office rather openly intimates that many deaths from diphtheria lie at the door of the antitoxin trust.

The *Medical World* family do not seem inclined to follow Taylor into the region of therapeutic pessimism.

to be of value. These exercises in connection with walking, golfing, Delsarte and other forms of exercise will prove valuable aids in maintaining general health and preventing local disease.

Of massage I cannot speak too highly in this condition, for it has in my hands rendered services that nothing could take the place of. When generally applied, its action has been that of a constant up-builder of strength and nutrition; and one of its most beneficial effects is the fact that it can be administered to weak and delicate patients, giving them all the advantages of active exercise without the employment on their part of any activity, thus conserving their force, general and neural. Locally applied to the abdomen it stimulates the dilated and atonic stomach and small intestines, overcomes the muscular paralysis of the colon and enables the impacted, obstructed and weakened bowel to get rid of its contents. It strengthens the uterine ligaments, decongests the pelvic structures and by its direct influence, improves innervation and tissue change. Where splanchnoptosis is present the prolapsed kidney, liver and spleen are restored to position, thus making room above, so that the prolapsed organs of the pelvis are not only encouraged to resume their normal position but are actually drawn up and out of the cul-de-sac.

The physician can frequently administer abdominal massage to the patient himself. Where this is done she should lie upon the back with the heels well drawn up, the knees separated, the hips slightly elevated, the arms lying by the side relaxed, and the head supported by a very small thin pillow. After the patient has taken three or four deep breaths, the physician, standing upon the patient's left and with his back to the patient's face, places the ulnar edge of the two hands with the fingers extended just

over Poupart's ligaments, parallel with ligaments, and the fingers pointing toward the pubes. From this position the hands are moved upward and at the same time the edges are sunk as deeply into the abdomen as possible without severe pain, the object being to grasp and draw the contents of the abdomen and pelvis upward. This movement is repeated during the act of inspiration, the patient taking deep, full breaths, expanding the chest as much as possible. In addition to ordinary abdominal massage, especially over the colon, vibration or the sinusoidal current may be employed.

DRESS.

It probably goes without saying that raiment designed by fashionable designers with the sole idea of catering to the dictates of fashion's votaries, plays no part in the rational wearing apparel of women. Those who are strong and healthy and who have no respect for the wonderful and marvelous mechanism of the human body, may be content to recklessly run the risk of bringing on disease and invalidism by means of improper wearing apparel and the devil's own curse, high heels. Of all irrational, nonsensical and villainous methods of displacing a woman's natural position and throwing her pelvic organs out of shape, nothing surpasses the modern "French heel."

When she is a sufferer from endometritis the clothing must be free (and many women have found this to be necessary long before they consult the medical man). The trunk muscles must not be at all constricted and the dresses as a rule should be of light weight. The dress measure should be loose and taken with the chest or abdomen partially distended.

The clothes should be hung from the shoulder by means of a waist which will distribute the weight where it should be

Radical operation may prolong life in septic progressive diabetic gangrene if patient can withstand operation.—Stern, *Med. Record*.

Diabetes: With general septicemia little is to be expected from operation with the very low vitality —H. Stern, *Med. Record*.

and do away with constriction at the waist. The greatest latitude and freedom must be given to the movement of the abdominal muscles. Intelligent cooperation on the part of the patient and the dressmaker will often secure pretty effects with the production of the least harm. In women who are naturally slim and who have never had to have recourse to tight lacing, a snug-fitting waist may be allowed.

DOUCHES.

Douches play, unquestionably, a prominent part in the local treatment of chronic endometritis. Douches should be administered by means of the douche-pan and should rarely be less than three to four quarts in amount and oftentimes double this quantity, to be advantageous. The patient must be recumbent or semi-recumbent and the flow of water of sufficient force to thoroughly distend the vaginal canal.

In giving the douche the external genitalia should be covered with some oleaginous substance in order to prevent scalding. The temperature of the water ranges between 110° and 120° F., and if it be so desired antiseptics and astringents may be profitably added to the douche. When this is done they should be dissolved in hot water in a separate container, and then added to the douche water.

The douche cleanses the vagina and cervix of all discharges, through its heat it acts as a sedative, equalizing the circulation and stimulating the regrowth of normal squamous epithelium upon the surface of the cervix—a fact that Hofmeier has observed in the use of the douches alone. I have endeavored in several cases to confirm this observation of Hofmeier, but have never been able to do so.

In the earlier stages of the treatment where the discharge is profuse, irritating and particularly where purulent in char-

acter, the douche may be administered two or three times daily, preferably however in the morning before arising and in the evening on going to bed. In some cases it is advisable after the use of the douche to introduce a vaginal suppository with the object of keeping up the antiseptic as well as curative qualities of the douche. The author has found picratol in mild strength in association with cocaine, boroglyceride and gelatin a most excellent combination.

APPLICATIONS.

The author has given the gamut of local applications to the endometrium, making them to the entire uterine surface as well as the cervical canal. He has made applications of carbolic acid in various strengths; has used ichthyol in glycerin; Churchill's iodine; iodized phenol (grains xl to oz. i of phenol); equal parts of iodine and creosote; the liquor ferri subsulphatis, Monsel's solution, the last being used especially where lacerations were present.

On theoretical grounds applications should prove of very great benefit, and would seem to be the rational treatment of the disease, and most physicians make use of them, but my experience in this line has been a sad one and the results obtained have been so disappointing and the irritation sometimes set up by the application so great that I have practically discontinued the use of this medicament because of the more certain and unfailing action of copper and zinc as applied by electrocataphoresis, a treatment that will be described later on.

TAMPONS.

I am a firm believer in the value of tampons, especially if they are properly applied and used after applications of the electric current to the endometrium. The patient is given a hot antiseptic douche on arising and an hour and a half after breakfast the local electrical treatment is given, after

In operations for diabetic bacterial gangrene disarticulation is preferable to amputation.—Heinrich Stern, *Medical Record*

The tendencies of modern surgery show the effect not so much of custom as of fashion.—J. C. Da Costa, *Medical Record*.

which the cervix is carefully dried with sterile or antiseptic cotton and a tampon applied. This tampon should be placed with the view to the statics of the uterus. If we have no displacement to deal with they may be introduced in contact with the cervix, but should displacement be present they should be so arranged as to overcome, so far as possible, the supposedly incorrect position. Of this I will have much to say in a subsequent article.

I have found ichthyol in glycerin to be of considerable value in these cases, though lately I have begun to substitute this with a preparation known as ichthyol-petrogen. The tampon is well soaked in the medication and placed in position where it remains, as a rule, until the next morning. It is removed by the nurse or patient by traction upon the cord or string and is followed by another douche. Glycerin is the best excipient for ordinary applications. As the patient improves, simple boroglyceride may be used. I have seen some good result from an occasional application of a very weak solution of argyrol.

MEDICINE.

The medicinal treatment of endometritis resolves itself into a correction of such existing conditions as the examination has disclosed and the administration of tonics. As nearly all these cases have digestive

disorders, it is advantageous to give a test meal and know the exact functional state of digestion, in order that diet and medicinal treatment may be applied for its correction. Iron, quinine, arsenic, and strychnine are of advantage. A combination such as the following will be found a good tonic and digestant:

Hydragryri chlor. corros.....gr. 1
 Liq. arsenitis chlor.....dr. 4
 Tr. ferri chlor.....dr. 4
 Ac. hydrochloric. dil.....dr. 4
 Syrup. simplicis.....oz. 3
 Essentiae pepsin (vel aquæ)
 q. s.....oz. 6

M. Sig. Teaspoonful after meals.

Where there is much loss of appetite, quassin (gr. 1-12, Gm. .005) and hydrastin (gr. 1-6, Gm. .01) in granules before meals will be found stimulant to the appetite, respiration, circulation and in addition they seem to exert some specific action upon the uterine mucous membranes. In case of uterine hemorrhage or excessive menstruation the following prescription will be found of value:

Ext. ergotae fld.
 Ext. hydrastis fld.
 Ext. hamamelis fld. aa., oz. 1.

M. Sig. Teaspoonful every three to four hours.

Louisville, Kentucky.

(To be continued.)

SURGICAL NOTES

RECTAL POLYPI IN CHILDREN.

This subject is discussed in a good article in *La Tribune Medicale de Paris* (Feb., 1906) by Drs. Judet and Baldenweck of Paris, who report two interesting cases. These two cases are very similar from a clinical

viewpoint. The two little children, a girl twenty-eight months old, and a boy seven years old, had both of them previously merely complained of a slight difficulty in defecating, with alternate passing of slimy discharge and oozing of blood from the rectum. In both cases the tumor protruded

Fashions in millinery are obtained in Paris; fashions in surgery are imported from Germany.—Da Costa, *Med. Record*.

A custom in surgery carried to extreme and blindly followed is that of exploratory incisions.—Da Costa, *Med. Record*.

from the rectum during an effort to defecate, and could not be returned, and there was a notable hemorrhage following the stangulation of the hernia. Both patients were admitted in urgency, and in both cases there was a very congested tumor lying against the anal orifice, acting like a plug and attached to the rectal wall by a pedicle the size of a goose quill. Both tumors were removed by ligating the pedicles and cutting away. Examination showed each to be adenoma. The glandular spaces were dilated and cystic, more especially in one case; the cells, arranged sometimes in a single row, at other times in a double row, had undergone mucous degeneration. The substratum was formed of very loose connective tissue in which there were only a few blood vessels, but an abundant proliferation of small cells. In certain places there was a formation of follicles. There were also a few rare, smooth muscular fibers.

COLONIC FLUSHING BEFORE OPERATION.

When preparing a patient for operation for cholecystitis or for gall-stones, if there be marked jaundice of long standing, it is well to wash out the colon every day for a week or more, using about a half gallon of normal salt solution injected slowly through a long rectal tube. At the same time the patient should be encouraged to drink much water.

PHLEBITIS AFTER ABDOMINAL SECTION.

Phlebitis following abdominal section is quite common, as shown by Dr. A. H. Cordier, Professor of Surgery in the University Medical College of Kansas City, in a recent article. Strange to say it occurs more often in the left leg even after appendicitis

operations. It is a complication which always causes the surgeon the gravest anxiety. It is attended by pain, tenderness, possibly tympany, and usually some rigidity, associated with fever and leucocytosis. It can only be diagnosed by excluding other symptoms and by demonstrating some peripherally thrombosed vessel. Thrombosis of the long saphenous vein, fortunately not frequent, but occasionally encountered after the cleanest kind of abdominal work is best perhaps prevented by changing the patient's position and by gentle massage of the extremities as advised by Martin.

SPRAINED ANKLE.

As the x-ray has shown that large numbers of so-called sprains of the ankle are sprains plus fracture examination with fluoroscope is advisable whenever possible. If fracture be found, plaster-of-Paris dressing and perfect rest of the joint for three weeks is advisable. If no fracture is present massage and dressing with strips of surgeon's plaster is perhaps best, with immediate use of the limb.

ANAL FISSURE.

Before resorting to radical operation palliative measures should always be tried. The most important thing is a laxative diet and soft bowel-movements by mild cathartics if necessary. On retiring each night there should be an injection of an ounce of olive oil, to be retained until morning, which aside from its local beneficial action will secure a soft motion. Next in importance to the regulation of the bowels, is that strict cleanliness should be maintained by bathing the anus night and morning and after each defection with hot water. The parts should afterward be dried with a ster-

Iodoform is a good clinical but a poor laboratory germicide; sublimate is just the contrary.—Da Costa, *Med. Record*.

It is too often forgotten that the test tube has no vital resistance. Simple hand disinfection exceeds the complicated.—Da Costa.

ilized piece of gauze, and a pad of the same material placed over the anus and kept in position with a T-bandage. The fissure itself may be burned once a week with stick nitrate of silver. *Therapeutic Gazette* says pure ichthyol applied to the fissure with a cotton swab two or three times a week is much better in most cases than nitrate of silver. It seems to act like a charm in allaying the painful symptoms, and often a few applications will prove sufficient.

AMPUTATION FOR DIABETIC GANGRENE.

Most surgical writers condemn any surgical measures in diabetic gangrene, following Treves who said: "Diabetic gangrene is not within the scope of surgery; an amputation in such cases is almost invariably fatal." But—death is certain without it; so, if the case be seen early, before much of the foot is affected, and the patient will consent, amputation at the middle of the thigh should be made. Under modern methods there is no more shock with this amputation than with one lower on the leg; hence the rule should be: Very high amputation, or none.

INTRAPERITONEAL TUBERCULOSIS.

Dr. F. F. Lawrence, Lecturer on Abdominal Surgery in Starling Medical College, Columbus, after a thorough study of this subject, reaches the following conclusions: (1) Intraperitoneal tuberculosis is frequently a local disease. (2) It probably occurs much more frequently in the female than in the male. (3) In a large majority of cases it is primarily visceral and the general peritoneum is secondarily involved. (4) The surgical treatment is rational, sometimes agreeably surprising in results, and again bitterly disappointing. (5) In

this, as in many other surgical conditions, early diagnosis and early operation will bring more certain results. (6) In this condition the greatest obstacle to overcome is the idea that it is a secondary condition. (7) No case of intraperitoneal tuberculosis should be denied the benefits of operation, no matter how extensive, as long as there is no positive pulmonary or pleuritic involvement, for the reason that some apparently hopeless cases fully recover. (8) When there is a tubercular peritonitis, a sequel of tubercular tubes, ovaries or appendix, the primary focus should always be removed. (9) In these tubercular cases the mesenteric glands have not been found frequently involved and when they are operation accomplishes very little good. (10) In tubercle of tubes and ovaries the adhesions are usually firm, sometimes, though not usually, very vascular, and not infrequently involve loops of the small intestine; hence the greatest care is necessary to avoid serious injury to the bowel and at the same time separate completely all adherent surfaces and provide complete drainage. (11) Drainage is the factor in recovery, when properly carried out.

SURGICAL CURE OF DYSPEPSIA.

Some marvelous cures are being reported of apparently incurable chronic "indigestion" by removal of gall-stones previously unsuspected by the victim. Cases dependent upon gastric or duodenal ulcers are also relievable by a not dangerous operation.

BACKACHE AFTER OPERATIONS.

Patients complain bitterly of backache, particularly after pelvic operation—due in great measure undoubtedly to the ligatures upon the broad ligament and other struct-

It is hardly realized that saline injection is not only sometimes harmful but frequently dangerous.—Da Costa, *Med. Record*.

Saline injections do harm in renal or cardiac urinary suppression, and kill in pulmonary edema and dilated heart.—Da Costa, *Med. Record*.

ures. Dr. Edward Martin, Professor of Clinical Surgery in the University of Pennsylvania, says there are two other causes: The annoying backache which accompanies and follows the true postoperative pain is vaguely referred to the ether, regarded as a necessary consequence of this, and is accorded little consideration; yet it may constitute the major distress from which patients suffer. It is observed after all forms of severe trauma, and is due either to renal congestion or to prolonged dorsal decubitus. When due to renal congestion the normal saline enemata are particularly serviceable. The decubitus pain is best relieved by change in position. In the vast majority of surgical cases, including those subject to intraabdominal operation, the fixed dorsal position is not only unnecessary but probably distinctly harmful. Attention to these points will

often save the patient from considerable unnecessary suffering.

INDICATIONS FOR PROSTATECTOMY.

The question, When should the prostate be removed? is thus answered by Dr. John B. Murphy:

1. Prostatic enlargement to a pathological degree.
2. Painful and frequent urinations.
3. As a cure for catheter life.
4. As a cure for secondary cystitis.
5. For the relief of pressure on the rectum.
6. Priapism in the aged with perineal irritation.

Goodfellow declares that "there are no contraindications to the operation unless the condition of the patient is such that no operation of any kind is warranted."

GYNECOLOGICAL NOTES

CHRONIC INVALIDS.

Every community has at least one woman who has been in bed for many years; frequently such a one is cured by Christian science, osteopathy and faith. More of them might be cured by a careful, thorough examination and scientific treatment; for often an infection has left gross lesions which only the surgeon or gynecologist can relieve by radical measures, or a growth easily removable is the sole source of trouble. Such a case deserves the most careful study, sometimes, to differentiate from conditions which should be treated chiefly by suggestion, for as Goodell long ago pointed out, it is not so much an existing uterine trouble that puts them on their backs, as it is nerve exhaustion from some severe shock; in these days of

mental overstrain, nerve-exhaustion (or neurasthenia as it is technically called) is a most common disorder in our over-taught, over-sensitive and over-sedentary women; it manifests itself by hysteria, by spinal irritation, by a lack of nerve-coordination, and by a crowd of reflex symptoms, among which those of a uterine complexion often overshadow, and indeed outlast, all the others.

THE OVARIES AND MENTAL DEVELOPMENT.

'Tis pleasant to find a distinguished neurologist agreeing with assertions long made by competent gynecologists. *Medical Standard* says: Dr. Graeme M. Hammond, discussing the doctrine of the influence of the ovaries upon mental develop-

A custom of modern surgery requiring overhauling is the use of heat and cold in inflammations.—Da Costa, *Med. Record*.

The indiscriminate use of the ice bag may produce dangerous stasis and necrosis in underlying parts.—Da Costa, *Med. Record*.

ment, concludes that they do not supply the brain with any substance necessary for the preservation of its integrity, and that the removal of these organs is never followed by insanity unless there was hereditary tendency to insanity or a congenitally defective brain. He admits that insanity more frequently follows operations upon the pelvic organs than any other operations, but states that this is not due to the loss of the ovaries and uterus, but (1) to a hereditary tendency to insanity (2) to psychical causes, such as the fear of death, disappointment at not bearing children, the curbing of the maternal instinct, the fear of the loss of the husband's love, the fear of becoming cold and indifferent to the husband, and the fear of acquired masculinity; (3) to physical causes, such as anemia, neurasthenia, and the breaking down of the general health from long-continued disease; and (4) to surgical shock. His conclusions are that insanity is not due to loss of function of the ovaries or uterus, and that insanity never follows operations on these organs unless there is a hereditary tendency to insanity or a congenitally defective brain, and that this tendency, developed by the psychical and physical causes referred to and by surgical shock, is the true reason for the insanities which follow operations on these organs.

VAGINAL OVARIOTOMY.

Small ovarian tumors as well as pus-tubes, may easily be removed through the vagina. Anterior colpotomy is performed by catching the cervix in strong vulsella and pulling strongly backward and downward until the anterior vaginal wall is tense, cutting through the vaginal mucous membrane from the cervix to within a half inch of the meatus urinarius, then making an incision across

the base of this cut clear across the vagina, each outer end curving slightly backward; the two triangular flaps are carefully dissected off from the bladder by fingers and scissors, and separation between uterus and bladder continued in the same way until the peritoneum is opened. The sac may then be tapped if ovarian; if a pus-tube, a large pack of gauze (with string attached) must be pushed up into the pelvis to catch pus when the abscess ruptures. After removal the wound is packed with sterile gauze three or four days.

POSTPARTUM HEMORRHAGE.

The causes of postpartum hemorrhages may be summed up as: Uterine relaxation, extensive lacerations of the birth canal, and lack of the normal coagulability of the blood. Not enough attention is paid to rupture of the cervical artery (more rarely the vaginal) which is often the whole source of persistent bleeding.

TEMPERATURE DURING MENSTRUATION.

Franck claims that during normal menstruation the temperature rises to 99 1-2° F., for two or three days. Therefore this slight rise should not be regarded as indicative of any pathological state.

HERNIA OF OVARY.

Hernia of the ovary is a very rare condition; usually congenital, and when double, always so. The ovary may be in the labium majus or in the inguinal canal in the congenital variety; in the acquired it may find exit through the inguinal ring, the crural arch, the ischiatic notch or a ventral rupture. The Fallopian tube sometimes accompanies

Sinclair says the skins of unborn calves are used to make kid gloves but fails to account for the fetal bodies.

Chicago inspectors condemned and tanked in week ending April 21, 88,677 lbs. of meat at the Union Stockyards.

it; the gut or omentum frequently; a part of the bladder very rarely. The inguinal variety is the most common. It is recognized without difficulty by the pain felt on pressure: that peculiar nausea and tenderness of the squeezed testicle or ovary, and by the swelling of the tumor just before the menstrual flux. (Goodell.) If the hernia can be reduced a truss may be applied; if not, the sac should be opened, the ovary returned to the pelvis, the sac excised, the opening obliterated and the wound carefully closed to prevent recurrence. Should the patient decline operative measures a truss with concave pad may be worn to protect the ovary from external violence.

COUGH OF PREGNANCY.

Cannabis Indica is a good remedy in persistent coughs of pregnancy. Bromides sometimes are beneficial; the combined bromides of gold and strontium being highly recommended. If the patient is anemic as well as nervous the three valerianates of quinine, iron and zinc should be given an hour after each meal in doses of .08 (one grain).

MATERNAL IMPRESSIONS.

Dr. E. T. Shelley of Atchison, Kansas, after years of study and careful investigation, has reached the conclusion that there has never been a certain record of unquestioned "marking" by maternal mental impressions—all recorded instances being either merely coincidental or due to want of development in fetal life, as apt to occur when there has been no scare as when terror has been great. Dr. Shelley very aptly remarks that if half the women who are, prior to delivery, "sure" that the children will be "marked" were correct in their fears the world would be one

hideous nightmare of deformities and monstrosities. He earnestly pleads for elimination of the subject from modern text-books on obstetrics. The editor of *Medical Standard*, however, takes him to task and says that he is wrong.

DYSMENORRHEA.

Dysmenorrhea may depend upon anemia and malnutrition especially if following debilitating illness. Neurasthenia may also act as a cause.

CHRONIC PELVIC PERITONITIS.

As a rule it may be said that the conditions resultant from pelvic peritonitis of gonorrheal origin may be relieved only by operation. Most of the pain is due to closure of the tube and the adhesions. Improvement may follow use of tampons and douches, but cure seldom (or never.)

WANDERING KIDNEY IN WOMEN.

Every patient complaining of pelvic symptoms, especially backache and nervousness, should be examined for displaced kidney. If more kidneys were replaced and less pelvic operations done fewer women would be chronic complainers. The condition is a common one; any kidney below the level of the umbilicus is a source of great mischief (even though the patient may not know of its presence); it may be retained in nearly its proper place by an easy and safe operation; and in a few months great relief will follow fixation. Great care must be exercised not to mistake Glenard's disease (of which displacement of the kidney is a prominent symptom) for simple wandering kidney—a mistake often made.

A French exchange reports results of examination of the heart of Rameses II, but the antemortem diagnosis is wanting.

Don't miss the Tri-State meeting at Galesburg, June 26. The finest orators in the profession seem to have combined for it

DEPARTMENT OF DERMATOLOGY, VENEREAL AND SEXUAL DISEASES

WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.

Address all communications designed exclusively for this department to
Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

THE TREATMENT OF PRURITUS ANI.

IT is self understood that when pruritus ani has obvious causes, those causes are to be removed and treated. But generally, when speaking of pruritus ani we refer to a condition which has a vague etiology and obscure pathology. For such conditions Dr. T. S. Macy has found the following plan the most successful. He has (*N. Y. M. J.*) the patient insert into the anus as large a dilator as it will comfortably accommodate, immediately after retiring. It should be retained at least fifteen minutes. Let him do this every night until the muscles have relaxed sufficiently to receive a larger size. The treatment should be continued, as in other instances of gradual dilation, until the sphincter is considerably looser than it is intended ultimately to be.

This method, unlike divulsion, does not menace the integrity of the structure. Unless there be some rectal constriction the small, blunt, hard rubber instruments found in the shops in graduated sizes are all that is necessary, and are inexpensive. In cases where the skin about the anus is not as well nourished as it should be, or when there are nervous or infectious complications, he supplements this treatment by introducing a tampon once daily, after a stool, of ichthyol ten per cent. in glycerin solution, if there is constipation (or in a lanolin menstruum if there is not) well into the rectum. This is best done through the speculum. Though the latter may cause some pain at first, the

insertion of the instrument is itself an aid to the treatment, and the patient will tell you he feels better for it.

Relief from this method had been immediate in all the cases he had so treated. The fissures heal, when there are any, and the condition of chronic constipation is much benefited. The itching ceases with the insertion of the dilator. Of course it recurs in the intervals between the applications of the instrument, but with less severity and less frequency day by day, until it disappears altogether.

He seldom had occasion to use local applications, except, of course, for definite lesions. For these some astringent dusting powder or other medication appropriate to the case may be necessary. Equal parts of the fluid extract of hamamelis and the tincture of iodine is a combination with a wide range of usefulness. Applied locally with a camelshair brush, it stimulates the circulation of the part, is nutritive and alterative. The fluid extract of hamamelis, in particular, appears to be of more use about the perineum and the rectum than elsewhere about the body.

He advises the patient, also, to bathe the parts frequently during the day with cold, even iced water, with or without the addition of an antiseptic, according to circumstances. When the pruritus is so intolerable as to require instant attention, he finds that an aqueous solution of bichloride of mercury, one part in five hundred, applied ice cold

and instantly washed away with clear iced water, will give relief when all other means fail. Menthol in alcoholic solution, 10 grains in one ounce, is also useful.

Dr. M. L. Volk advises a lotion of carbolic acid (carbolic acid two drams, and cottonseed oil up to three ounces) or the following powder: Carbolic acid, 15 grains, zinc oxide and starch, of each 1-2 ounce. In very severe and obstinate cases we must have recourse to silver nitrate. A solution of about 15 grains to an ounce of distilled water is painted on with a camelshair brush after applying a 4 per cent cocaine solution. [We use much stronger solutions of silver nitrate, namely, from 50 to 200 grains to the ounce of water.—W. J. R.] Some sedative is often necessary to combat the accompanying insomnia, and for this, the author advises potassium bromide, 10 to 40 grains, combined with extract of cannabis indica, 1-10 to 2-5 gr.

Dr. B. W. Green outlines the following method of treatment: He begins by making an ocular examination of the parts by means of a speculum and an electric light, and makes a thorough search for a fissure, fistula, ulcer, etc. If either of these is found, they are thoroughly swabbed with pure carbolic acid; then the excess of acid is neutralized by alcohol. This never fails to stop the intense itching for a considerable time, and if the treatment is repeated once or twice a week, a respectable number of cases of fissure, ulcer and fistula with the accompanying pruritus will be cured. In inveterate cases he does not hesitate to administer the acid-alcohol treatment to the whole mucous membrane extending from the internal sphincter to the mucocutaneous junction.

After the patient has had the first acid-alcohol treatment, he gives him three sizes of the hard rubber rectal dilators which are usually sold for the purpose. The patients

are instructed to use these every night the first thing after retiring. When they can insert the large size dilator, they are told to use this only, every night and let it remain for one-half hour. Continue to so use it for thirty days, and then begin to intermit treatment.

When they withdraw the dilator they have to apply the following salve to the affected parts.

Camphorae.....	grs. 4
Mentholi	grs. 3
Acidi carbolic.....	dr. 1-2
Acidi boric.....	
Calomel	aa grs. 10
Unguenti zinci oxidi, q. s.....	oz. 1

This they are told to apply liberally. Where the pruritus is caused by eczema marginatum, the author subjects the parts to the acid-alcohol treatment once a week and applies daily the above unguentum on a piece of gauze, covers with cotton, and protects with a T-bandage.

A CASE OF PRIMARY CHANCRE OF THE NOSE.

Primary syphilitic infection of the nose is so rare, that the case reported by Dr. James T. Campbell is worthy of notice. The history of the case is as follows (*J. A. M. A.*, vol. XLVI, No. 18).

On Oct. 19, 1905, a surgeon, in perfect health, circumcised a patient, on whose prepuce was a large indurated chancre. On December 16, nearly two months later, he first noticed stuffiness of the right nostril, and headache from brow across vertex to occiput. This was accompanied by malaise, anorexia, chilly sensations and constipation, a condition from which he never before had suffered. For a period of two weeks his temperature ranged from 100 to 100.2° F. The author first saw him on

Milk sickness reappeared in Illinois and in 1905 caused a number of deaths. Still under investigation by State Board of Health.

Widespread epidemics of non-malignant catarrhal jaundice prevailed last year in Illinois. American medicine is silent on it.

ec. 28, 1905. At that time he made the notation: "Superficial necrosis of the mucous membrane covering the anterior end of the right inferior turbinate bone; the fibrinous membrane, when raised, revealed an ulcerating bleeding surface." Neither suprarenalin, 1 to 1000, nor 10 per cent cocaine solution caused any appreciable anching or shrinking of the turbinated body. Lacrimation was present on the right side and one gland below the angle of the right jaw was enlarged and tender. The condition resembled fibrinous rhinitis, but was limited to the inferior turbinated body and there was no ichorous discharge from the nostril. The swelling practically occluded the nostril.

The treatment employed was a cleansing saline spray followed by sprays of peroxide of hydrogen and lime water.

On Jan. 8, 1906, a macular rash appeared on the abdomen. Four days later when the doctor was shown the rash, he made a positive diagnosis of syphilis and was confirmed in this by Dr. Joseph Zeisler and Dr. T. Melville Hardie. The "lean ham" macular and papular rash, more marked on the chest and abdomen, covered practically the whole body with the exception of the exposed portions of the head and hands. There were papules at the base of the uvula, but no redness or congestion of the fauces and no nodular enlargement or soreness excepting the before-mentioned submaxillary gland. The disappearance of the fibrinous membrane and healing of the ulceration took place under simple sprays, before constitutional symptoms appeared. Coincident with the disappearance of the rash, the headache ceased and the general feeling of well-being began. On diagnosis of syphilis being made,unctions of mercurial ointment, one dram, bedtime, were begun, and after six of these mercurial rubbings all external evidence of

the venereal disease had entirely disappeared.

SYPHILITIC NEPHRITIS.

The diagnosis and treatment of syphilitic nephritis presents so many difficulties that the report of the following case cannot fail to be of interest to the readers of this department. The patient presented by Dr. Ortman of Breslau (*Arch. f. Dermat u Syphilis*) had come to the hospital two months previously; presenting, besides the various symptoms of a recent syphilitic infection, the picture of severe acute nephritis. The amount of albumin was enormous, namely 12 per cent. The legs were very edematous; the daily quantity of urine was reduced from 7 to 13 ounces; its sp. gr. was 1034-1036. Basing themselves on the history of the case and on the microscopic examination which showed numerous hyaline and some granular cylinders, but comparatively few epithelia and leucocytes, the physicians of the hospital diagnosed the case as one of specific nephritis and instituted energetic anti-syphilitic treatment.

The treatment consisted in calomel injections and mercurial inunctions, followed three weeks later by the application of a Welander chestpad. (This is a pad filled with a mercury amalgam and worn on the chest; the volatilized mercury is absorbed by the lungs and is claimed by the author to produce a very good effect.) On the second day of treatment the albumin rose to 25 per cent, but even this enormous percentage did not frighten the author and he continued in his treatment. On the third day the albumin fell to 10 per cent, rose again to 11-12 per cent, remaining stationary at this figure for sometime, but then gradually fell to 2 1-2 per cent. When on account of stomatitis the mercury was discon-

The Illinois Board of Health is making a hard fight against tuberculosis and deserves our hearty cooperation.

The deaths from old age increased notably in Illinois during late years. Many blame the increase on the Board of Health.

tinued, the albumin immediately rose to 6—7 per cent. Not only did the albumin sink under the mercurial treatment, but the edema entirely disappeared, the urine gradually increased to 45—60 ounces, the sp. gr. falling to 1014—1016.

Three requirements must be fulfilled before we have a right to make the diagnosis of syphilitic nephritis: (1) It must be certain that no nephritis existed before the syphilitic infection. (2) The nephritis must go *pari passu* with the other luetic manifestations, i. e., improve and get worse as the latter do; and (3) it must respond unmistakably to specific treatment. All these requirements were fulfilled in the present case. The author states in conclusion that this case shows that the fear of mercury in the presence of nephritis is not justified, and when the diagnosis of specific nephritis is made, the administration of the drug is imperative.

SYPHILITIC NEPHRITIS AND HYDROPERICARDIUM.

Dr. G. Verrotti (*Brit. Med. Jour.* April 21, 1906) adds a twelfth to the eleven cases of nephritis occurring in secondary syphilis already recorded. Three months after the primary sore appeared, the patient exhibited pustular acne and ecthyma over much of the trunk, numerous enlarged lymphatic glands, sorethroat, a painful swelling of the left testis, general prostration, anemia, marked albuminuria (albumin 4 per cent) and edema of the face and lower limbs. The urine was acid, specific gravity 1031, and contained numerous red cells. Signs of pericardial effusion were also present. Digitalis was exhibited, and 1 cgm. (1-6 gr.) HgCl_2 was injected subcutaneously daily. In five days the pericardial fluid had disappeared; in ten days the urine was almost free from albumin. The patient went out cured in a

month, sixteen injections having been given. Mauriac advises treatment with iodides in such cases as these. Fournier recommends mercury and iodides together.

LIME WATER IN WARTS.

Dr. B. J. P.—We have had no personal experience, but Dr. Cooper (*Brit. Med. Jour.*, Aug. 26) claims to have noticed the disappearance of warts under the internal treatment of lime water—a wine glass full of aqua calcis in milk after meals. The length of the treatment varied from four days to six weeks.

DON'T THINK.

Don't think that a gonorrhea is cured because the discharge has stopped. The urethral canal with its crypts and glands, the prostate, etc., may be teeming with gonococci, and still there may be no discharge.

Don't think that a urethritis can be successfully treated without a microscopic examination. Non-gonorrheal and gonorrheal urethritis demand entirely different methods of treatment.

Don't think that gonorrhea is a self-limited disease. Gonorrheal urethritis never gets well by "itself." Non-gonorrheal urethritis may and often does.

Don't think that you can cure all cases of gonorrhea by one certain method. The best method is to have no method and treat each case separately and individually.

Don't think that masturbation is the cause of all the ills that have been described in some antiquated books.

Don't think that the loss of a few drops of semen after defecation is liable to lead to the insane asylum. The patient loses in one normal coitus more than he is liable to use from *spermatorrhea defecations* in two weeks.

Illinois reciprocates licenses with Ind., Ia., Kas, Me, Md., Mich, Minn., Neb., N. J., N. Dak., O., S. C., and Wis. only as to the examined.

Now is the time to secure the circular of the Ill. State Board on Infant Feeding and save lives by circulating it.

Don't think that every sexually-impotent person must be a weakling, an invalid or an imbecile. We know splendid all around athletes, and remarkably bright intellectual workers who are totally impotent. It is imperative to combat and uproot the pernicious notion, still entertained by the laity and even the medical profession, of the dire mental and physical results following sexual impotence.

Don't think that every case of varicocele must be operated upon. Very few have to.

THE RELATIVE VALUE OF IODINE AND MERCURY IN LATE MANIFESTATIONS OF SYPHILIS.

An idea once deeply rooted is exceedingly difficult to uproot. It is the prevalent opinion that mercury is indicated in the second stage of syphilis and the iodides in the third. Assuming even that this is true as a general statement, there are nevertheless numerous cases of tertiary lues, in which the iodides are ineffective, mercury alone producing improvement or cure. The profession, however, seems slow to recognize this fact and as a result many cases are entirely lost or remain life-long cripples.

A case in point is one reported by Wagner of Breslau (*Arch. f. Dermat u. Syphilis*, Vol. 79, No. 23). The patient, a woman, had been suffering for years with uncertain gait. This uncertainty became gradually worse, until patient was almost completely paralyzed; eyesight also got weak to almost complete amaurosis. Patient was put in the internal division of the hospital and for four weeks treated with potassium iodide. As no improvement resulted she was transferred to the syphilitic division. The condition of the patient was most miserable. Under a few injections of calomel, the pa-

tient's condition began to improve perceptibly. The paralysis of the vesical and rectal sphincters disappeared. The patient got stronger and began to make attempts at walking, which improved from day to day. When presented, patient was able to walk alone by the aid of a cane.

THE CAUSES AND TREATMENT OF ENURESIS.

Dr. Percy G. Lewis (*British Medical Journal*, April 21, 1906) recognizes that the causes of enuresis are many and complicated and he who expects to treat this disease successfully must make a careful study of each case. The urine is generally abnormal but how very different the abnormality may be, is seen from the following two typical cases: (a) Specific gravity 1030. Reaction highly acid. Quantity in twenty-four hours, twenty ounces. Color, mahogany. Urea six per cent. An abundant deposit of uric acid crystals. No albumin or sugar. (b) Specific gravity 1005. Reaction alkaline. Quantity in twenty-four hours, forty-eight ounces. Color pale straw. Urea 0.3 per cent. Deposit, triple phosphates with a few pus cells. Trace of albumin. No sugar.

As the urine varies from the normal so do the patients themselves. They are anemic, weak, irritable and neurotic. The author admits all that, but in his opinion, digestive disturbances are behind the weakness of the nervous system and are the real key to the situation. Jacobi says that whenever the urine is abnormal, the digestive system must receive attention, and that treatment is useless until the normal action of the digestive organs is restored. Goodhart recommends abstinence from meat, and where the urine is too acid this undoubtedly does good. Where the urine is neutral or alkaline, the

Dewevre treated guinea pigs with injections from bedbugs caught in tubercle sickrooms; 60 per cent transmitted tubercle.—*Med. Record*.

Pound found that cockroaches carried infection from inoculated animals to the controls, spoiling his experiments.—*Med. Record*.

curative effects of a non-farinaceous diet is often immediate. The researches of several investigators, Luff, Chalmers, Watson and others, on intestinal fermentation and bacterial action in the digestive organs, make it certain that the formation of a toxin is a very important element in enuresis. In fact it is held that enuresis is in a large measure the consequence of intestinal sepsis. Enuresis with acid urine is the result of putrefactive decomposition of the albuminous constituents of the food; enuresis with neutral or alkaline urine is the result of putrefactive decomposition of the farinaceous constituents.

In the treatment of enuresis we must consider: (1) whether the case is simply one of general want of tone; (2) whether intestinal antiseptics is now a prominent feature, and if so, is the urine passed at night abnormally acid and of diminished quantity, or is it of low specific gravity, alkaline or neutral, and of increased quantity; (3) or whether the case is simply one of habit remaining after the cause has been removed.

In the first class of these cases tonics are distinctly indicated; iron, strychnine, cold douches, massage, etc. In the second class of cases the diet is to be changed according to the results of the urine examination. If too acid—cut off meat; if alkaline, diminish farinaceous diet. Intestinal antiseptics is procured by giving $\frac{1}{4}$ grain calomel every night and a mild aperient in the morning; in addition any one of the numerous intestinal antiseptics may be given.

The treatment for the third class of cases will suggest itself to every thoughtful physician. The child should be aroused several times during the night. Local irritations should be removed. Blistering the sacrum or penis, cauterizing the urethra, passing of metal sounds, electricity, are useful *per se*

and for their undoubted psychic effect on the little patients.

THE TREATMENT OF CHRONIC URETHRITIS.

At the international Medical Congress, just held at Lisbon, Dr. Barthelemy Guisy, of Athens, Greece, read a paper on Chronic Urethritis and its Treatment, a summary of which appears in the *Lancet*.

He said that under the term chronic urethritis is included every chronic, painless inflammation of the mucous membrane of the urethra, even though no gonococci may be present. There are three main varieties: (1) those in which gonococci are still present; (2) those which are microbic but gonococci are absent and (3) those in which no organisms are to be found. The spread of a gonococcal urethritis from the anterior to the posterior urethra and to the deeper structures is due partly to the active movements of the gonococci and partly to the movements of the leucocytes which have swallowed them. Within a few hours of infection of the urethra gonococci can be found in the submucous tissue and around the glands of the urethra.

The reasons for urethritis becoming chronic are: (1) the presence of some constitutional condition, such as general weakness or rheumatism; and (2) certain special anatomical conditions in the urethra such as a stricture or an abscess. Dr. Guisy thinks that stricture of itself has very little to do with the production of a chronic urethritis. The most important cause is the gonococcal infection of the glands of Littre and the crypts of Morgagni, from which repeated reinfection of the urethra may proceed. The treatment of chronic gonococcal urethritis consists, in the first place, in its prevention by the abortive treatment of acute gonorrhea with extensive

Two forms of gangrene appear in diabetes, the idiopathic and the gangrenous inflammatory.—Heinrich Stern, *Med. Record*.

Idiopathic gangrene in the diabetic depends on the arterio and phlebo-sclerotic conditions in the organism.—H. Stern, *Med. Record*.

lavage of the urethra with various antiseptic solutions. In a chronic urethritis, if examination shows gonococci still to be present, the same treatment should be adopted as if the inflammation were acute, any vegetations, abscesses, or other gross lesions having been previously removed. Cocainization of the urethra is necessary before the lavage is commenced and very weak solutions of permanganate of potassium and of bichloride of mercury are the most useful. [In our opinion bichloride of mercury should never be used as a urethral injection.] When success does not follow, some lesion, such as a granulation or polypus must be sought for and removed. In cases of chronic urethritis in which some organism other than the gonococcus is present, similar treatment should be adopted and even when no microbe is present, lavage should be used. In all cases the only internal treatment should be the administration of urotropin and arheol after the local treatment has ceased.

SIMPLE METHOD FOR DEMONSTRATING THE SPIROCHAETA PALLIDA.

I am aware of the fact that the readers of CLINICAL MEDICINE are practical physicians, who want practical matter, for immediate use at the bedside. Still, we must take cognizance of at least the most important theoretical developments in our specialty and chronicle them in this department. The discovery of the *Spirochaeta pallida* may be considered the greatest discovery in medicine of the year 1905; we have described this organism in detail in a previous issue of this JOURNAL, with the method of staining. We will now give Goldhorn's recently-described method, which in many respects is superior to any other method heretofore used.

The stain is prepared as follows: One gram of lithium carbonate is dissolved in

200 Cc. of water, and two grams of medicinal methylene blue are added. When completely dissolved the solution is heated on the water-bath until a rich polychrome has formed. The solution is filtered through cotton. One-half of this polychrome is carefully acidified with a 5 per cent. acetic acid solution until blue litmus paper shows a faint reddish tinge. The second half of the polychrome is added, and into this corrected dye a watery eosin solution of about 0.5 per cent. strength is poured until complete precipitation has taken place. This point is determined by filtering a sample from time to time till the filtrate is of a pale-blue watery color and slightly fluorescent. The mixture is set aside for a day, and is then filtered through a double layer of filter paper. The precipitate is dried slowly at about 40° C. When dried, it is dissolved in wood alcohol, permitted to stand for a day, and again filtered.

[Of course the preparation of this stain by the physician is too troublesome; it can now be purchased ready made.]

To use this stain some of it is dropped on an unfixed preparation so as to cover it; after two or three seconds it is poured off and slowly introduced into clean water, the preparation side turned down. When washed, the preparation is drained and dried in the air. The *Spirochaeta pallida* is stained a purplish color, which may be changed into a light black or black-brown by treating the specimen with Gram's or Lugol's solution.

INDICAN IN THE URINE OF THOSE AFFLICTED WITH DERMATITIS HERPETIFORMIS.

Dr. M. F. Engman (*Jour. Cutan. Dis.*, May, 1906) states that about five years ago his attention was attracted to the constant

In diabetes inflammatory gangrene depends on virulent microorganisms acting on vitiated tissues.—H. Stern, *Med. Record*.

Idiopathic gangrene occurs in not more than 1 per cent of cases; bacterial gangrenes in 10 to 12 per cent of consult cases.—H. Stern, *Med. Record*.

occurrence of indican in the urine of a case of dermatitis herpetiformis. Since then the urines of all his cases of dermatitis herpetiformis have been systematically examined for indican; his local colleagues have sent him reports of urine examination and eighteen cases have thus been collected. The reports on fourteen of them are reliable, and in all the fourteen, indican was found in marked excess in the urine. The indican was found in greatest excess during the exacerbations of the dermal process. The cause of dermatitis herpetiformis is at present unknown, but if this excessive indicanuria is confirmed by further research, it might perhaps point to the principal etiologic factor being either (1) a toxemia, generated through putrefactive or other conditions in the intestines, or (2) the invasion of the body by some animal parasite, a class of diseases in which indicanuria and eosinophilia are most common.

That it is highly probable that dermatitis herpetiformis may be due to various toxic bodies, is well demonstrated by the following case:

C. C., aged twenty-eight. Had had attacks of dermatitis herpetiformis for years and had been in various hospitals over the country. He was an intelligent man and suffered very much from his disease, therefore, he remained in the City Hospital where his case was carefully studied. Excess of indican was found in the urine and also in the sweat. The patient was obstinately constipated and suffered from headaches. Under intestinal treatment and diet, indicated by the presence of the indican, he made a satisfactory recovery, but several relapses occurred upon recurrence to his former diet and habits. The patient at various times insisted that the eruption could be caused by the internal administration of iodide of potassium, therefore, during a period of

remission, when the urine was free from indican, 10-grain doses of iodide of potassium were given three times a day. On the second day an eruption occurred indistinguishable from his former one. A vesicle was excised and presented a similar histologic picture as dermatitis herpetiformis. The same experiment was again tried with similar results.

GENERAL SYSTEMIC GONORRHEAL INFECTION.

In our department for May, page 665, we referred to a case described by Dr. Ernst Becker, of suppurative myositis of the right arm, caused by gonococci. The organisms were demonstrated microscopically. Dr. Thomas J. Strong, formerly of the U. S. Army general hospital of the Presidio, San Francisco, now of Burlington, Vt., has been kind enough to call our attention to an article of his in the *J. A. M. A.* (May 14, 1904) in which he reported a case of general systemic infection by the gonococcus. The paper is so interesting that we take the liberty of abstracting it for the readers of *CLINICAL MEDICINE*.

The patient was admitted to the hospital, Jan. 15, 1904, complaining of pain and swelling in muscles of right side of neck, right arm, right leg, and left arm. No other symptoms were complained of, except slight temperature and coated tongue. In June, 1900, patient had a severe attack of gonorrhea, complicated by an epididymitis of the right side, which he says was cured after about two months' treatment, and also the discharge from urethra ceased. While en route from Manila, P. I., to San Francisco, the patient had intercourse at Nagasaki, Japan, but emphatically denies that he had any symptoms of gonorrhea, nor any inconvenience whatever until about two days

Idiopathic gangrene occurs in diabetics in fair health; bacterial in grave or badly-treated cases.—H. Stern, *Med. Record*.

The best prophylactic of gangrene in the diabetic is the suppression or reduction of the diabetic syndrome.—Stern *Med. Record*.

before arrival at San Francisco, when he noticed pain and swelling of the muscles above mentioned, namely: of the right sternomastoid, the right shoulder, the right thigh posteriorly, and left upper forearm. These localities were tender, red and swollen, but even at that time no discharge had been noticed from the urethra until the day he was admitted to the hospital.

The day after admittance, a circumscribed abscess was found, involving the extensor carpi ulnaris and extensor minimi digiti muscles at the upper part of the forearm, about one and one half inches below the inner condyle of the humerus; another abscess at the lower anterior border of the right sternomastoid muscle, just underneath the latter. The right biceps was hard and indurated about its middle and the flexor muscles of the thigh were in like condition. Some tenderness at the right shoulder just at the anterior border of the deltoid muscle.

Treatment.—These inflamed localities were carefully cleaned externally and wet dressings of bichloride of mercury (1-2,000 solution) applied, and urethra was irrigated twice daily with protargol solution (1 per cent). January 21 the abscess of the left forearm was opened and about 45 Cc. of pus was evacuated. Two smears of this pus were taken for microscopic examination. The cavity was flushed with hot bichloride solution, packed with iodoform gauze, and dressed antiseptically. The abscess at the border of the right sternomastoid muscle was opened at this time also, carefully cleaned out and packed with gauze. On January 22 the swelling at the junction of the right deltoid and pectoralis major muscles had developed to such an extent that fluctuation was detected and it was promptly opened. A culture of the pus was made on blood serum, and the cavity flushed out and packed with iodoform gauze. The pus from

the last abscess, that of the shoulder, was also obtained on a cover glass and showed innumerable gonococci and nothing else, the cocci being more plainly seen in this specimen than any previous ones. A blood count showed a marked leucocytosis: 66,000. On January 24 the blood serum culture showed a typical growth of the gonococcus in yellowish isolated spots on the culture media.

The patient improved daily and according to his own statement he felt better than he had for the last two years.

THE TREATMENT OF VENEREAL DISEASES IN THE BRITISH ARMY.

The committee deputed by the Advisory Board to inquire into the treatment of venereal diseases has issued its final report. From an editorial article on the subject in the *British Medical Journal* we abstract the following facts.

The report emphasizes the fact that so far as syphilis is concerned all the evidence at command is in favor of mercury. Whether the drug should be administered by the mouth, by inunction or injection, is a matter on which experts differ, but from the evidence at its disposal, the committee concludes that in military practice the inunction and injection methods are likely to prove more efficient.

For inunction the following formula is recommended: Ung. hydrarg., grs. 40; adipis lanæ, grs. 20; mix thoroughly and wrap in wax paper. One such packet to be rubbed in daily, the act of inunction lasting thirty minutes. The scheme of a suggested course of treatment by inunction, extending over two years, involves five distinct courses—namely, first and second courses each of forty-two daily inunctions, with a three months' interval between the first and second, and the second and third; the

Lesser skin lesions, furuncles, carbuncles, necrosis, often heal under antidiabetic regime and local antiseptics.—Stern, *Med. Record*.

Diabetes: Keep dry gangrene dry, convert humid gangrene into the dry variety with means at our disposal.—H. Stern, *Med. Record*.

third course involves thirty daily inunctions, followed by an interval of six months, then comes a fourth course of thirty daily inunctions, followed by another break of six months, ending up with a fifth course of twenty daily inunctions.

For the injection of soluble salts of mercury the committee suggests the following formula: $\mathcal{R}$. Hydrarg. bichlor., grs. 8; sodii chloridi, grs. 4; aq. destill., mins. 400. Ten minims of this solution, containing about one-fifth of a grain of bichloride, are to be injected three times a week till the symptoms abate, then twice weekly until all symptoms have disappeared. Some sixty injections of 10 minims each of the above solution should be given. This may be considered to constitute a full course, and is, indeed, a much larger amount than is usually given.

For the injection of insoluble preparations it is an essential that the mercury shall be suspended in as small an amount of medium as possible. As a result of careful experimentation, it has been found that not more than one grain of mercury can be suspended safely in 8 minims of an ordinary oily medium. The cream most frequently used in the army contains 1 grain of mercury in 10 minims. It is suggested that this cream, made according to the following formula, be retained as a standard preparation, namely: Hydrarg., oz. 1; adipis lanae (B. P.), ozs. 4; paraffini liquidi (carbolisati 2 per cent), to oz. 10. Mix; the mercury and the wool fat being measured by weight and the liquid paraffin added by volume. Fifteen minims of this cream, containing $1\frac{1}{2}$ grains of metallic mercury, may be regarded as the full dose.

The scheme of treatment extending over twenty-two months, involves a first course of six weeks, with one injection a week; then comes an interval of two months, fol-

lowed by two more months of treatment by fortnightly injections. After a four months' interval a third course of treatment during two months with fortnightly injections is carried out; after this a six months' interval leads up to the final course, which lasts four months, the injections being made monthly. If each injection be made to contain $1\frac{1}{2}$ grains of mercury, a total of 27 grains will have been administered in the whole period of treatment.

If mercury is to be given by the mouth the committee is disposed to advocate for routine practice a pill containing one grain of the gray powder. A course of treatment by this method should extend over twenty-one months, broken up into five courses of three months each, with one month interval after the first, second and third courses and a three months' break between the fourth and fifth courses.

Concerning the treatment of gonorrhea, the committee says that the days are gone when gonorrhea could be regarded as an inflammatory catarrh, capable of being treated by general measures with rest. Recognizing the specific nature of the gonococcus, treatment should be directed to the destruction of the infective agent; the precise mode of treatment varies according to the stage of the disease and the part attacked. In cases of acute anterior urethritis, the committee advocates treatment on Neisser's plan, using solutions of protargol varying in strength from $\frac{1}{4}$ to 2 per cent. In cases of acute posterior urethritis, irrigation with a solution of potassium permanganate of the strength of 2 grains to the pint of water is regarded with favor. In the more chronic cases, irrigations with nitrate of silver or albargin, of each one in 2,000, seem to be most successful. When other forms of mercury disagree try mercury tannate granules, 1-2 grain 3 to 6 times a day.

Diabetes: Don't be radical with dry gangrenes but allow time under regime, for forming line of demarcation.—Stern, *Med. Record*.

For short time use antidiabetic regimen in gangrenous non-febrile inflammations; operate at slightest fever.—Stern, *Med. Record*.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

SUMMER DIARRHEAS.

SUMMER is *par excellence* the season of intestinal fluxes. And be the temperature like that of Senegambia in Africa, or descending to below normal, diarrhea may rage with about equal severity in city and country.

This is owing to a multiplicity of causes, which all the world knows, but very few think of, because of general human imprudence. When the weather is very hot people eat less; but to make up for that they drink a great deal, and will have always their drinks cold! Rich and poor rival each other in the effort to procure this exquisite, but dangerous satisfaction. Those who live in luxurious hotels, or in elegant villas, or in aristocratic castles sip the American gaseous drinks, most carefully manipulated while stirred up with champagne or with perfumed sherbet. Others absorb in country taverns or in the street full tumblers of refreshing pump exudation prettily colored, or perhaps mixed with some cocoa, or sherry flip, or the democratic cider at one cent the goblet.

Those who can afford it dine outside in umbrageous parks, on the terraces of grand restaurants, or under canvas and ocean spray. Men and women put their vanity to task going out in carriages, and at night, showing themselves, the one in their light linen, or alpaca or cheviot suits, and the others in bright waists, arms and shoulders hardly protected with fine muslin, holding half sleepy infants by their hands, whose brown calves of the legs and plump arms

are exposed to the scorching sun, or to the chilling night winds. Oh, for more flannel vests, for more underclothing! In the house the clothing is even more summarily put off, and people go to bed more or less naked, all windows open regardless of night chills and morning dews.

Such is the condition from the highest to the lowest in the social scale; great and small are exposed to the disease of the season which knocks them together into a common heap.

The intestinal fluxes caused by summer drinks, or by too copious ingestions of fruit or of vinegar crudities, or also by chilling feet and abdomen during a cold night, do happily not always entail the grave disease of a serious enteritis. These may result in a trouble of secretion without alteration of the intestinal mucosa, and may be but a simple catarrh, quickly cured by *mere diet, some warm drink with a few granules of Gregory's salt*.

But if the cause of the trouble is not suppressed, if the drinking of cold fluids becomes habitual, if fruit and green vegetables and salads become the fond alimentation of every day, if the chilling of the abdomen is renewed every night, then the intestinal flux increases, natural conditions change, and an enteralgia takes place; the appetite fails completely, there are bad nights, feebleness makes its appearance progressively, together with considerable emaciation and symptoms of choleric form enteritis manifest themselves more and more.

If this disease is not treated actively it becomes very grave. It is necessary, therefore, to prevent it by proper diet and appropriate precautions, and where the trouble originated from a cold, or an accidental error of diet it must be attended to at once and cured quickly.

Preventive Treatment.—To obviate a summer diarrhea we must restrain ourselves to a wise hygiene; change our garments in the evening if the weather becomes cool; drink little and fresh but never cold drinks; continue the accustomed diet even during the greatest heat, *meat and vegetables hot, and soup at the evening repast.*

In the morning *no cold milk* at breakfast, or on rising from bed. Nothing is more indigestible. Eat the food you like, milk, coffee or chocolate, hot, and white bread. Don't eat the fish for the sauce, but the sauce with the fish.

Eating green vegetables and ripe fruit in moderation and drinking little and mild drinks will never cause diarrhea. And yet, I would advise to eat your fruit cooked preferably. This should be the rule for infants, except perhaps in the case of cherries, and at the height of the season when they are quite ripe, juicy and sweet.

Curative Treatment.—1. Whatever be the cause of the intestinal flux, an attempt must always be made to cut it short by a proper dose of granulated seidlitz.

2. When the cause of illness was produced by a sudden chilling of the body, the abdomen should be wrapped around with a hot flannel band. Be careful the next day, and especially at night, against a lowering of the temperature in the bedroom. Close the windows, or keep them open very little, according to the size of the room. Put on the bed an additional warm coverlet. Let the patient put on at night, a night shirt, high in the neck and long. Absolutely forbid

women and young girls to sleep in their day chemises. Nothing is more injurious to the health of men and women. The garments may be impregnated with sweat when the person goes to bed at night, they dry slowly on the body and that exposes it to thousands of dangers.

3. These precautions taken, act then on the flux and abdominal pains by means of the compound and antidiarrheic cotoin granules, which moderate the first, calm the second, and disinfect the digestive canal. [Our American antidiarrhea and dysentery granule we find still better suited to the purpose than the French one. That consists of cotoin, Gregory's salt, and bismuth salicylate; ours consists of cotoin, codeine, hydrastine, and copper arsenite. GLEANER.]

The right dose of the French granule for diarrhea is, one granule every two hours the first day, every three hours during the night, and every four hours during the second day. [For our American antidiarrhea and dysentery granule the dosage is: One with a little water after each stool till these are less frequent, then four times a day.—GLENER.]

4. Alimentation: (a) Absolute diet the first day. Infusion of chamomile, or light tea as a drink. (b) The second day, a little clear panada, and half of an egg-yolk at 10 a. m., and the same with the other half at 5 p. m. (c) Continue the chamomile infusion, and in case of repugnance to warm drinks, give cola-champagne thinned with half water. (d) The third day a little panada, or tapioca with milk in the morning, a soft boiled egg at midday, and in the evening a little soup or eggnog, and a wine glass of Bordeaux half and half with a little tepid water. (e) The fourth day a little coffee with milk in the morning, a broiled mutton chop at midday with a tablespoonful of potato puree and a little bread, and a wine glass

The program for the Tri-State—Ill., Ia., Mo.—meet at Galesburg, June 26-27 is simply a whale; a galaxy of great speakers.

Blindness to foregrounds is a very common disease, due to the habit of looking off into the distance. —R. C. Cabot.

of Bordeaux thinned with tepid water. (f) The fifth day. Ordinary diet, but in moderation yet, and only gradually increase bread and other things. (g) As dessert, cheese, coffee and cream, or egg snow, quince preserves. *No fruit for six or eight days yet.* (h) After an attack of diarrhea keep on the flannel abdominal bandage for some weeks, and keep the feet warm. (i) If the patient is at the seashore, or if the trouble was caused by one or more too cold baths, or of too long duration, the patient must not resume them before complete recovery, return of the appetite, normal stools, and usual strength.—Dr. E. Toussaint in *la Dosimetrie*.

CUTANEOUS SYNDROME OF GASTRO-INTESTINAL ORIGIN.

A young lady presented herself to M. L. Jaquet. She suffered for a long time from an abundant and profuse depilation, accompanied by seborrhea, hyperidrosis, pityriasis, hyperesthesia and pruritus of the scalp, and to all these was added a strong rubefaction of the face. As the young lady is a dyspeptic who eats precipitately, without chewing, the doctor attributed this syndrome to traumatic excitation of the gastrointestinal mucosa reflected and propagated by the intermediation of the grand sympathetic and pneumogastric nerves.

Mr. Jaquet instituted, therefore, the unique treatment of an exclusive milk diet, of a cup of milk every two hours. Three days after that the perspiration disappeared, the hyperesthesia much diminished, and in about three weeks all the grave and complex syndromes receded.

Then the doctor recommended four small repasts a day to be partaken with extreme slowness, and this precaution sufficed to maintain the cure obtained now after more than three years.

Blindness in which the sufferer can see nothing except the facts directly in front of his nose—blindness to backgrounds.—Cabot.

This experience goes to show how these troubles which constituted the above syndromes, and which might have been regarded as dermatologic entities caused by some microbes, were nothing but a cutaneous function overworked by the excitation of the gastric mucous membrane.—*Gazette des Hopitaux*, No. 45, 1905, p. 537.

A CASE OF GENERAL FATAL INFECTION WITH GONOCOCCUS AND STAPHYLOCOCCUS.

Messrs. Courtois-Suffit and Beaufume report the history of a patient, who after a simple interference with his urethra and many catheterizations, presented a grave infectious condition with multiple suppurations which had a fatal termination. Staphylococci were found in all the abscesses and in the blood. Most of the gonococci were found with all their classic characters in the abscesses at the level of the brachial triceps and the sural triceps (gastrocnemius and soleus) of the right side, on the posterior face of the sternum, in the left thigh, also at the level of the left testicles and epididymus. This is a very rare and exceptional case of a general gonococcic infection to end fatally. It will be noticed, that the gonococci had a predilection for the muscles, and that the patient presented two intramuscular abscesses, like in the cases of O. Bujwid, and that of Johns Hopkins.—*Gazette des Hopitaux*, No. 45, 1905, p. 537.

CONGENITAL SKELETAL DEFECTS.

Congenital skeletal defects. Two boys were shown to the *Gesellschaft der Aerzte* in Vienna on the 15th of December, 1905, with the following defects: One had a partial missing of the second, third, fourth, fifth, and sixth ribs on the right side; a partial defect of the sterno-costal portion

All concentration means deafness and blindness outside the circle which is lit up by the lamp of attention.—R. C. Cabot.

of the pectoralis major, a similar deficiency in the pectoralis minor, and of the serratus internus majus; a right-sided scoliotic convexity; a high standing and hypoplastic scapula, all on the right side.

The second boy had a partial defect from the eight to the tenth rib on the left side; an abnormally high position of the right scapula and a right scoliotic convexity.—(*Wien. Med. Wochenschrift*, No. 1, 1906, p. 28.)

ADRENALIN IN CHRONIC CYSTITIS.

Adrenalin in chronic cystitis. Boada Galzada gave ten drops of an 1-1000 solution of adrenalin three times a day to cases of tubercular and gonorrheic cystitis with permanently good results.—(*Wien. Med. Wochenschrift*, No. 1, p. 43, 1906.)

STARCH IN DIARRHEA.

Starch in diarrhea and throat troubles. Starch made in a thickish fluid paste is used successfully by Dr. Hauße in diarrheas. He gives it by the teaspoonful hot and often. He uses it also as a gargle in mouth and throat troubles.—(*Wien. Med. Wochenschrift*, No. 1, 1906, p. 43. From *Therap. d. Gegenwart*, No. 12, 1905.)

THERAPY OF HEMOPHILIA.

Emile Weil writes on this subject in *Presse Med.*, p. 673, 1905, as follows: The examination of the coagulability of a hemophilic's blood showed that the course of it is slower and different than normal. Adding some normal human animal blood-serum to that from a hemophilic in a test tube, the course of the coagulation was normal, but the addition of large quantities had not the desired effect. The same

salutary effect of rapid coagulation in hemophilics was obtained by intravenous injection of the serum. The effect is, however, not permanent, and yet of great usefulness for emergencies and in operating on hemophilics.—(*Wien. Med. Wochenschrift*, No. 1, 1906, p. 43.)

A GARGLE IN TONSILLITIS.

In tonsillitis try tinct. rhataniae, 30 parts; chloroformi, 5 parts; olei salviae, 1 part. M. Sig: 20 to 30 drops in one-half tumbler of very warm water. Prepare freshly for use.—(*Wien. Med. Wochenschrift*, No. 1, 1906, p. 43. From *Therap. Monatsh.*, 12, 1905.)

AIR-REFRESHING PASTILES.

These are very promising and useful articles. The *Pharmaceutische Zeitung*, 1906, p. 8, gives the following directions: Take powdered white clay and powdered infusorial earth, mix with sufficient water to make a paste, form it in pastiles of any desired shapes, dry carefully, burn them at a high temperature enough to give them firmness and porosity. These are then saturated with various desired aromatic extracts, such as pine needle extract, etc., which they will exhale into the air of the room to the last and refresh it. Use as many pastiles as the space of the room will require.—(*Centralhalle*, 1906, p. 95.)

IODOCHLOROFORM.

Iodochloroform is, according to Chassevant, in *Presse Medical*, 1905, p. 845, an excellent substitute for iodine tincture, against which there are so many objections. It is prepared with one grain of iodine to ten cubic centimeters of chloroform.—(*Centralhalle*, 1906, p. 89.)

Sometimes an immediate crying need like that of the thirsty fever patient is disregarded because so transient.—Cabot.

Eternity is made up of half-hours as transient as this, as simple, unimpressive, and insignificant as this.—Cabot.

MISCELLANEOUS ARTICLES

FIGHTING CHOLERA AND TYPHUS IN ASIATIC TURKEY.

YOUR letter of February 26, came duly to hand and drew my attention to your editorial (March CLINICAL MEDICINE) which I might otherwise have missed in the stress of work. Being physician and surgeon of a hospital with fifty beds, preacher, Sunday school teacher, lawyer, judge and jury, architect and master builder, engineer and gardener, does not leave much time for correspondence, writing articles for medical or other journals or even reading those that come to me.

I have been a reader of the CLINIC since my graduation in 1896 and a user of alkaloids since before that, and I get lots of good things from it. I am sorry not to give as much as I get. From this isolation it seems to me you rather over-exaggerate the opposition of leading medical journals to intestinal antiseptics and such medicines as calcium sulphide, but then you read the other journals and I do not have time to. I cannot conceive of an honest physician refusing to try the sulphocarbolates and calcium sulphide where indicated or denying their efficacy when he has tried them.

A clientèle of at least 200,000 with a fifty-bed hospital of my own and no other physician to dispute me gives me a fair chance to judge the effect of drugs. I use, as you know, a good many of the alkaloids. I use also, quite extensively, assayed fluid extracts and other preparations from Wyeth, Mulford, and Dakin of London, and I find them all efficient. For intelligent patients there is no question that the granules are the best, but you cannot risk them on every one in this ignorant land.

Regarding cholera and its treatment with quinine I shall endeavor to write you something when work lets up a little. Typhus, exanthematous (famine fever), now claims my attention and I shall urge that the next "Therapeutics" published, instead of stating that "no satisfactory treatment is known," as a recent work on practice does, shall inform the profession that calcium sulphide comes pretty near being a specific for cure and prophylaxis.

Aconitine and veratrine for pneumonia, with expectorants and turpentine applied on a cloth over the chest, have reduced my mortality to almost *nil* and proved that the disease can be easily aborted. Sulphocarbolates and turpentine make it a rare thing to lose a case of typhoid. I have had hundreds of cases of typhoid and also of pneumonia during the past year and very few deaths.

I have aborted seven large pelvic abscesses and five abdominal abscesses all of which seemed to demand operation to save life. The only remedy used was calcium sulphide and a tonic; the calcium sulphide was pushed as high as twelve grains in twenty-four hours in some cases. It demonstrated what I myself had previously considered impossible, that a tubercular abscess containing at least six ounces of pus could be resolved without opening the abscess.

When I write of quinine in cholera I shall give to Dr. E. B. Fullerton, of Columbus, Ohio, the credit which I mistakenly gave to Koch of Berlin. Koch simply states that quinine, 1 to 5000, inhibited the growth of the cholera germ, but Dr. Fullerton, assisted in

laboratory work by Dr. Graham, demonstrated that 1 to 2,500 kills the germ and Dr. Fullerton put it in practice.

I wish Dr. Fullerton's brochure, which he has sent me since seeing my article, could be put in the hands of every missionary physician.

Pardon my taking so much of your time. The last JOURNAL is one of the best yet. I like the new dress and name. There has been steady progress during the last ten years. It really helps, which is more than I can say of some of its more scientific (?) brothers.

C. D. USSHER.

Van, Turkey in Asia. ·

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The article on "Cholera," to which Dr. Ussher refers, was contributed to the *Journal of the American Medical Association* and received editorial mention in CLINICAL MEDICINE in March. With his magnificent opportunities for "doing things," a clientèle which almost staggers the American doctor from its immensity, the Doctor has a right to speak with conviction regarding the effects of medicine. And please note—*he is not a therapeutic nihilist*. Isn't it worth something when such a man says: "I cannot conceive of an honest physician refusing to try the sulphocarbolates and calcium sulphide where indicated or denying their efficacy when he has tried them?" We believe, with all our hearts, that most of the condemnation of drugs and complaints of their inefficiency come from those who do not know them, in the only right way—thoroughly—or refuse to try what others have found effective.

His statement concerning the value of calcium sulphide in typhus and of the sulphocarbolates along with quinine in cholera are most interesting and should be followed up. Dr. Ussher has promised to favor us again

and we shall await his further articles with great interest.—ED.

A DAY'S CLINIC IN MARDIN.

1. Mohamed.—The name is sufficient evidence of his creed. From Rewanshore, 60 miles west of us. A follower of the notorious Hammadia Ibrahim Pasha, age 40. For six years has been affected with splenactasis; its length ten inches plus, breadth eight inches plus. Sallow complexion, anemic, is free from pain; always constipated, eats greedily, urine high colored. No further examination made. Refused treatment.

2. T, female. Age 25. Postpartum eclampsia. Five weeks ago gave birth to a child, the fits not coming until ten days ago. When they first began they were frequent, eight or ten times a day. I gave her treatment a few days ago which reduced them to three or four a day. She is the mother of six children. After the birth of the child previous to this last one, about one year ago, convulsions began at once after birth and continued without letting up (?). I have not seen the patient either time; this has only been reported to me.

3. J, male, 60 years of age. Had tenesmus one month ago. Has been treating himself. But now, although his bowels are nearly normal, he suffers greatly from vertigo; urine high colored. Tongue clean, has good appetite; has fits of drowsiness. Gave treatment for vertigo.

4. A, male, aged 50. Occupation potter. Eight months ago began having diarrhea, painless, but eight to ten stools a day. He is now better than he was but the movements are now more frequent than normal. Has a passion for sleep. Gave intestinal antiseptic treatment.

5. A, male, aged 15. Otagia, resulting

"Inasmuch as ye did it unto the least of these my brethren, ye did it unto me." What are you doing?

The humanitarian and the scientific sides of our work need each other as man and woman do.—R. C. Cabot.

from a fall, he says (?), two or three days ago. Gave glycerin for local application.

6. J, male, aged 60. Anasarca of eight months' duration. Bowels moved by medicine only. Urine normal he says. Eats well, drinks well. Mornings the swelling is increased. Evenings less.

7. K, male, aged 70. Incontinence of urine. Has to pass his urine ten or twelve times in a night, painless; otherwise healthy. Has been in this condition for about one month or more. I gave fluid extract of belladonna, one dram to eight ounces of water. One teaspoonful every three hours. He went home took three teaspoonfuls (!) and did not pass water again for ten or twelve hours!

8. S, male, aged 50. Muscular rheumatism; has had it off and on for fifteen years. The pain is severe nights, well nourished and does not appear to be the subject of much suffering.

9. T, male, aged 50. Dyspnea. For over a month his breathing has been difficult. No time for examination of chest. Bowels normal. Urine high colored. Cough with some phlegm. Yellow complexion; anemic. Has used tobacco for thirty-five years.

10. M, male, aged 18. Tuberculosis. Parents living. Has three or four sisters all living and of all of them, he alone is thus affected. Ulcers developed on left hand, below, in arm pit and top of thigh. Has no pain, the ulcers discharging a little every day. Has taken no treatment. Highly anemic, no flesh, a mere shadow. Small appetite. Bowels constipated. Urine high colored, night sweats, no fever, no strength. Prognosis unfavorable.

11. T, male, age 28. Has a burning in passing his urine of eight or more years' standing. Urine passes freely. Has never had gonorrhea or other diseases of this

organ. At times passes a little pus. Refuses an examination. Gave alkaline treatment.

12. Y, male, age 50. Rheumatism of shoulder and neck on right side, resulting from carrying a heavy weight, he says.

13. Female teacher, age 33. Widow, one child living. Ten years ago lost two with her husband in the massacre of 1895. Has palpitation, gastritis, menorrhagia and a severe type of hemorrhoids. Anemic to the last degree, always constipated, is in poor flesh, strength decreased, ambition at low ebb, appetite poor, when stomach will bear food.

14. Y, male child, age 4. Stomatitis. For twelve days unable to take any nourishment; a constant effort to throw up, no movement of the bowels for seven days, urine normal. Sleeps. Has fever later and in the morning. Died in the evening (?). Took him to bury him; he opened his eyes! Took him back home!

15. Male child, age 10 months. Potts' disease of the spine since birth. Bowels loose, urine normal. Unable to treat him.

16. Male child, age 2½ years. Conjunctivitis. Began twenty hours ago. The pain severe. Slight opacity over the cornea. Is constantly boring his hands into his eyes; unable to bear the light.

17. T, female, age 25. Enlarged lymphatic glands in neck. Father died of consumption at the age of 60. Four sisters and two brothers living. Mother living and well. Is in all other respects well.

18. A, female, age 32. Muscular rheumatism and chronic colitis. Anemic, almost bloodless, has been so for thirteen years, the result of fright (?) she says. Bowels constantly relaxed. Eats well, sleeps well, but has no strength. Is the mother of children.

19. G, male, age 5. Otoblenorrhea. Has been affected so for three years.

20. K, male, aged 14. Colitis, consti-

Science without humanity becomes arid, and, finally discouraged. Humanity without science becomes scrappy and shallow.—Cabot.

The man that doesn't enjoy his job never does it well. If you do enjoy it you will make others happy.—Cabot.

pated. Five days has had no movement. Eats nothing.

21. S, female, age 35. Chronic scabies. six years' standing. Recommended the bath!

22. M. female, aged 36. Neurasthenia with palpitation. Began six days ago. Can eat nothing. Bowels free, headache, soreness in chest, mouth bitter. A general weakening of the powers.

23. G, female, aged 26. Has been married seven years; no children. Has pain during menstruation, the flow slight. Headache. Pain in stomach; tongue clean, bowels normal, sleep also. A small eater, well nourished. Did not prescribe.

24. M, female, age 28. Has been married ten years, two children. The last five months has had no menses; pain in back. Cough with phlegm, of two years' standing.

25. I, female, aged 30. Married thirteen years. Has six children. For the last two years has suffered from dyspepsia, etc., bowels normal. Sleeps. Has not menstruated for two months.

26. K, female, aged 31. Has been married seventeen years. Has five children. Has gastric trouble with headache for the last five days, unable to eat, is constipated and otherwise out of order.

27. F, female, aged 47 (?). Has been married twenty-five years. Has four children, the youngest four months. A few days ago was taken with a severe attack of urticaria. The body is now covered with red knotted blotches, producing a great deal of distress in the gastric region.

There were some eight or ten others, whose history I did not feel equal to taking, so dispensed with them. My average clinic, two days in the week, is from fifty to seventy-five, but, of course, you will know that I cannot spend so much time over each one, in order to get through with them in three hours.

If it is only the fully achieved result that you enjoy, you will be glum or grim most of the time.—R. C. Cabot.

And the above are no such histories as one would care to put in print, as there is nothing especially interesting further than to show that all flesh, everywhere, is subject pretty much to the same general ailments. The treatment I refrained from putting down as that would encumber the list altogether too much.

In conclusion, I will mention one more case I operated on three weeks ago. It may be of interest to some of you. Some five weeks ago I was called to see a patient in his home. And such a home! You would not stable your pigs in it and I am sure you would have far preferred the aroma of the pig sty to what I met on entering the door of that home. The room was dark so that I had to stand a few moments to get used to the light—I usually refrain from sitting down in such places—as I am likely to bring away more than I take. So after my eyes began to take in the surroundings I saw an aged man, blind from his birth I guess, lying in a heap of rags and on asking him what caused him to content himself in such a place as that, the excuse for a quilt was thrown back, exposing the cause of the rich (?) aroma. The scrotum and penis, one mass of gangrene, producing a stench enough to knock a dead man down.

I think I would be excused if I did not make a very minute examination, and I assure I did not. I prescribed antiseptic applications; resolution set in in a few days, sloughing took place, carrying off three-fourths of the scrotum, and all the skin of the penis, leaving a complete circumcision more perfect even than the Moslems can make, the testicles deprived of their covering, the left one especially hanging down.

After the sloughing was completed and the patient was thoroughly washed and cleaned, I had him brought to the hospital to see if anything could be done for him. I found,

Results are rare and uncertain things, and the "best laid plans of mice and men gang aft agley."—Cabot.

with the rest of his misfortunes: total blindness, scrotum and skin of penis all gone, he also had a double hernia! I found it would be impossible to cover up the testicles with what was left of the scrotum, so I decided to remove at least the left one. But when I was breaking up the adhesions, it occurred to me, why not use it for a plug to keep the hernia up, so after retracting it I pushed it up out of the way, paring the edges of the scrotal tissue. I brought them together uniting them with silk, making a very compact, neat, tidy scrotum! Two days later I had to leave and be gone for a week. I feared somewhat least the stitches would give way, as the parts were yet tender from the recent inflammation. But on my return I found everything in splendid shape, healing having taken place by first intention, and all was well but the poor denuded penis. A week later he was discharged, happy as a boy with a new top.

Here is a footing for a two weeks' work:

Operations, major only.....	9
Examinations where I charge a fee	10
Dressings, surgical	191
Number of prescriptions	255
Number of prescriptions free....	144
Number of prescriptions paid for	111

This does not include the visits in the homes.

D. M. B. THOM.

Mardin, Turkey in Asia.

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Another splendid paper from the foreign field—two this month from Asiatic Turkey! Anyone, who reads these two papers, will have his eyes opened to the tasks our medical missionaries are having set for them in the foreign field. The work of men like these, who are dedicating their lives for the good of their fellows, and who put into it

such ceaseless energy, such glowing enthusiasm, and such optimistic spirits, is enough to make us proud of our profession. After all, shouldn't we all of us have something of this "missionary spirit"? If we were all impelled by a greater love for humanity and a desire to serve and help others wouldn't we try harder to do our own work better; exhaust every means within our power for helping the sick?—Ed.

NON-OPERATIVE TREATMENT OF CARBUNCLE.

From far off India there comes an excellent article upon this important subject, contributed to the *Indian Lancet* by our good friend, Dr. Thakur R. D. Sinha, who has so frequently contributed to our columns.

Several very interesting cases are reported. The usual treatment consisted in free purgation with a number of small doses of calomel and podophyllin followed by magnesium sulphate; the use of pure carbolic acid applied to the openings, and to the sloughs after they had opened, with a dressing of carbolic oil (1 to 10); internally he used calcium sulphide in 1-2 to 1 grain doses to saturation, and echol; other remedies used during convalescence were the arsenates of iron, quinine and strychnine, nuclein, hypophosphites and such others as might be indicated. The results were most happy.

A LESSON IN AUTOINTOXICATION.

I beg to report two cases for the consideration of the "family." I think they will bear out your doctrine of "clean out and keep clean." It may seem strange to you that I would go back fifteen years to illustrate or verify your idea—to 1898.

I was in Chicago on some commercial business, having at that time retired from the general practice to engage in the manu-

Headache signifies stomach trouble, and this may be a symptom of chronic worry, and this of deficient income.—Cabot.

Physicians give advice to patients not to worry—advice that would be laughable if not so pathetic.—Cabot.

facturing business. During my absence my wife was suddenly stricken, calling in a young physician who lived near our home. He came and diagnosed her trouble as dengue, and treated her accordingly, as given in the text-books.

The second day I arrived home and found her suffering as follows: She was taken with a chill, suffered with sharp, cutting, stabbing pains, pretty well all over her body, expressing herself as if they were in the bones. They came periodically and changed position daily, one day occupying the forearm, one side, the lower limb below the knee or above on the other side, and *vice versa*, day after day. The bowels were confined and her stomach was at times nauseated, her appetite gone, and this continued for five months. She wasted away to skin and bones. No temperature above normal after the first day; it was then 104° F. and pulse 120.

One of the peculiarities of the case was that these painful points seemed to be in spots. On each point attacked, when the pain ceased there were left behind spots brown in color at each painful point; these would remain for several hours when they would fade, followed the next day with similar paroxysms of pain and likewise more spots.

The paroxysm would last about three hours with marked regularity, only changing the seat of attack from one point to another, and always occupying one lower and one upper point on the trunk or limbs, the upper on one side and on the opposite the lower one. They would leave just as if the case had been an intermittent, but returned regardless of an antimalarial treatment, in fact, regardless of any treatment. The doctors gave quinine in heroic doses, bromides and other remedies of the galenic family, and, as a last resort, gave her

morphine until she became an habitue. (I had no little trouble in breaking her of this, but I succeeded.)

This treatment was kept up for five months, of course changed in some features, but in the main such as you would give before alkaloidal days for an intermittent fever. Arsenic was given but a short time. This treatment finally broke down the heart and she began to suffer from heart failure. She was, as you might expect, perfectly helpless, even more so than a new-born babe. Every want had to be attended to as she had no strength left even to move a limb.

In the beginning of this trouble she was at our home in Kentucky and the doctors from all around saw her, for her case began to attract attention and was known far and near at this time. Owing to the old age of her father and mother we moved her a distance of thirty miles to their home that they might be with her, as we could leave our home in the care of our grown children (and as her grandmother, ninety years old, still lived and they, her parents, could not leave her for a very long period of time), and here the doctors were as much nonplussed as at our own home. Quite a number who were not in regular attendance came to see her. They placed her case before specialists of nervous diseases and before county boards and all pronounced it a neurosis. The cause they could or did not place, but felt sure it was of a malarial character. The doctors who were in attendance were men who had grown old in the practice and were men of more than home reputation—one national. Yet not one of them had profited from his experience. They were still hanging to their theories and prescribing from their text-books. It would seem that they had never gotten away from college doors or not learned anything from their experiences.

"Stop worrying." What his wife and children are to do meantime never occurs to this type of physician.—Cabot.

Our patients shoot by us like comets, crossing for a moment our field of vision, then passing out into oblivion.—Cabot.

These doctors came to me and said, "Doctor, telegraph for your children. It is but a matter of a few hours for your wife is suffering with heart failure." In my grief I became excited. I told them, no, my wife must not die. Calling my father-in-law, I ignored the doctors and asked him to get me some alcohol, saying to him I was going to take my wife home to her children. I gave her small and frequently repeated doses of it. I bathed her in it. I added salt. I rubbed her and wrapped her in blankets till she breathed freely and her color came back.

I placed her in a strong chair wrapped in heavy comforts and I had four strong men carry her to the train, and likewise, when I reached home the same means were used from the train to our home, which was only four blocks from the depot. After she had rested, I gave her some pills of belladonna, strychnine and aloin. I repeated them one every two hours till the bowels moved, which they did in about twelve hours, and then, My God, such an odor. No mortal could have stayed in the room. We moved her to another room, aired this, disinfected and fumigated, and kept up the pills. The next action was not quite so profuse nor so offensive and with each one there was a decided improvement in the patient, and the odor finally left. We did not use antiseptics. I knew nothing of them. If I had, how much better I could have fought the battle. Two weeks from the day we came home she was doing light housework, with tonics of strychnine, hydrastin and cicutine. She got strong and well and is still living and today returned from a visit to her father and mother, who are very old. What was the trouble? May I call it toxemia? Do doctors learn after they leave school or are they always tied to alma mater?

2. Now you remember the history I gave you of my own case. I will repeat the same,

although when I say a genuine case of tic the "family" will know it all, but I must give the case, for there is a lesson in it.

It was about the first week in November, after I had worked very hard, riding day and night for about six weeks, not getting sleep over three hours any night during the time. I am fifty-nine years old tomorrow, July 6. There is not a taint of any kind in my family and we never kept bed over two days during life on account of sickness. I felt a little wave go over my right cheek like a flash of electricity, then another, and this time it burned considerably. It was repeated again and again till it had a drawing, burning sensation. Then it got easy as the evening came and I sweat about 8 p. m., and went to sleep and slept all night.

Eight o'clock next morning I had a paroxysm, this time of a burning character. It came every two hours. I was taking quinine and gelsemin. Had three spells this day; at 8 p. m. sweat, and went to sleep and slept until 8 a. m. Next morning I could feel the storm approaching. My wife concluded she would stop it. She got a bowl of hot water and wrung flannels out as hot as she could bear them and put them on my face. I had also commenced at 3 o'clock in the morning with 10-grain doses of quinine and taken them every two hours. My face began to pain me and paroxysm after paroxysm came on. The pain was so great I begged to die. I walked the floor. They gave me morphine, two doses hourly per stomach, and one hypodermically. They did no good. I stood this pain till 5 p. m., when it began to ease off. By 8 I was easy, went to sleep and slept the sleep of the innocent.

I used all the remedies I could summon, but to no purpose. I finally used phenacetin and acetanilid, three grains each, every hour till I could discover my nails getting blue.

Every candid physician knows that fear causes some disorders; self-absorption, sin, half-smothered remorse —Cabot

There are diseases that can not be cured without friendship. Conquer self-absorption by self-devotion, lose life to find it.—Cabot.

This would hold the paroxysms down. I took some calomel, and worked it off with saline laxative. This helped me. I kept this up every third day.

I improved, and by this time I went to Hot Springs and consulted Dr. J. S. Horner, a member of the JOURNAL family and one of God's noblemen. He seemed to think there was no doubt but that my trouble was of a malarial origin and must have antimalarial treatment. So he repeated the calomel and salts, and ordered I should take quinine salicylate. I did so, taking it during the night when I was free from pain, and to cinchonize before the 8 o'clock paroxysm, but I had trouble all night. I took notice that just after a dose of quinine I would have a paroxysm with my face and I had to take phenacetin to relieve it. I told him my experience with quinine and he advised me to stop it.

I did not take any baths, as I was green with toxic malaria. My sweat smelled just like an old case of typhoid fever. My feces were simply terrible. My urine also had a characteristic odor and was very dark. In one or two cases I thought there was blood but in this I was mistaken.

Dr. Horner thought I might as well return home. I did so and on my return found your letter of advice with urinary analysis. I was by this time pretty nearly free from pain. But I began at once to take the remedies, the saline, a teaspoonful in water early in the morning, an hepatic stimulant before each meal, bryonin, strychnine valerianate and boldine at the midday between meals, for I had now begun to eat. Just after eating, ten drops of nitromuriatic acid in water.

I've improved in strength, my color is clearing up. I have gained flesh and have begun to work again. My skin feels dry and rough yet. I have a kind of crawling

feeling or as if the wind had just passed a wave over my face every once in a while and just occasionally a little twinge of pain when I am eating. My appetite is splendid.

Now, notice the similarity of the two cases. See also the kinship to malaria, also note that the "clean up and keep clean" treatment benefited both cases. Was the last toxic? Quinine aggravated, although it was periodic. Quinine did not benefit number one and yet, no doubt, according to what we are all taught, it was of malarial origin, if there is any such thing.

J. W. MORRIS.

Malden, Mo.

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First let us congratulate you—and ourselves—upon the prompt results which followed "rational treatment" in your own case. If ever the evidence of toxemia was overwhelming it was here. Without our present knowledge of the direful results of retention, even, it would seem that any clinician with experience would see in the foul urine, fetid perspiration, green skin and putrid stools, the indication for *elimination*. Here we have a body surcharged with waste products, with glandular organs forced to distill new toxins from old ones, with nervous system semi-paralyzed and blood stream loaded with effete matter—and yet into it the doctor would pour drugs which further derange the body chemistry. Unknown combinations resulted, the overworked liver and kidneys felt the added strain, and as a result all that direful train of symptoms known as "cinchonism" manifested themselves.

But "reverse the medal;" let common sense instead of tradition govern the therapeutics and note the results. The gross toxic matter is swept from the bowel; the liver is stimulated to normal action; the gastric and intestinal mucosa is cleansed

Phosphorus, small doses, as tissue builder in tuberculous osteitis, chronic and subacute.—A. Jacobi, in *American Medicine*.

Oh, give us more than strength and skill
The calmness born of sense of right,
The steadfast heart, the quiet will.—S. W. M.

and rendered capable of secreting and absorbing; innervation is improved, the centers once again exercise control; and the kidneys, flushed and refreshed, perform their proper offices. Given the "half chance" she asks, Nature promptly takes care of the premises; the blood now carries nutritive and reparative material to the cells, for normal nerve force and active glandular organs mean a full and even circulation and every moment sees burnt out and useless body-waste hurried to the various points of ejection. The *balance has been restored* and order has once again come out of chaos.

We choose here to use the most ordinary terms to describe the change which was wrought by our simple medication. At the time we were not as fully informed as to the conditions which existed, or we would have ordered also copious enemata and sponge baths. But the results show (as they always do) the absolute necessity for elimination, stimulation of hepatic and renal functions, and improved innervation.

In nine cases out of ten we shall find that with a clean intestinal tract, active liver and kidneys, and freely secreting skin, we shall be able to control any disease-process, better without the so-called specific drugs than we could with all the latter put together, and reverse conditions. True, when we know that the body has been invaded by micro-organisms of a recognized variety, we shall find it necessary to exhibit a definite germicide; for instance, even though the intestine is emptied of gross matter, myriads of bacteria lurk in the rugae and among the papillae; to destroy them and their products the sulphocarbolates are essential. The lymphatics and blood-stream bear at times still other millions of bacteria inimical to health; calcium sulphide given till the system reeks with sulphureted hydrogen (and end products of the drug) renders the body uninhab-

itable for the invaders. Moreover, those which are there are consumed. Nuclein enables the phagocytes to perform their police duty, and proper nutriment and a few doses of strychnine and cactin supply the vital force necessary to support life while the battle rages. It is a fact that many a man has been allowed to die while the doctor and the disease were fighting their duel, regardless of the living battlefield.

To the skilled therapist the treatment of most diseases is really a simple matter. Once he leaves theory for his spare hours and takes only cold common sense and facts with him when treating his cases he will become a doctor worth having around. The writer of the above letter got tired of theory and "did something" rational; the result is that his wife lives to bless him. We "did something" rational when affairs looked black for him; the result is evidently satisfactory. We do not intend to discuss his wife's case; evidently a profound sepsis existed and purpuric symptoms evidenced the virulent action of the toxins upon the blood; enough vitality and resistance remained, however (once Nature was given her "half chance"), to enable the system to throw off the grosser poisons and the balance once in her favor, rational measures (even though incomplete) insured recovery. Here is a lesson for *you*, brother. Isn't it worth learning?—ED.

JUGLANDIN: IT WORKED.

A physician friend, Dr. K., said to the writer a short time ago, "Thackeray, do you mean to tell me that one of those 1-6 grain juglandin granules will have any effect?" I answered very promptly, "I certainly do, and I know whereof I speak. One at night followed by a saline laxative in hot water taken before breakfast in the morning

Thousands of conscientious, upright, honorable pharmacists would no more substitute than pass a counterfeit bill.—*Med. Herald.*

Pharmaceutical preparations advertised for years must have merit or physicians would not continue to prescribe them.—*Med. Herald.*

will cause a characteristic stool showing increased hepatic activity."

Dr. K.: "Well, I don't believe you, but I am going to try—I need something." On the following day, I met my friend, and his first salutation was, "It worked! I would not have believed it if I had not had the experience in my own person." I answered: "Doctor, when you get rid of the sentiments, either 'I believe' or 'I do not believe,' and become able to assert 'I know' and humble enough to say 'I don't know,' you will be a much more useful physician than you are at present, both to yourself and to humanity."

W. T. THACKERAY.

Chicago, Ill.

THE SULPHOCARBOLATES IN TYPHOID FEVER.

In a paper bearing this caption, read at the last meeting of the Florida Medical Association and published in the *Georgia Practitioner* for March, Dr. P. J. Stollenwerck of Jacksonville relates his experience with these remedies. About eighteen months ago his attention was called to them and he was persuaded to give them a trial. Now he says: "I wish to emphasize the fact that in my hands no other form of treatment has yielded such satisfactory results." Continuing he says:

During the past eighteen months Dr. Charles Terry and I have treated, roughly speaking, about thirty cases, with the following results:

In the first place, there has been no mortality, and I cannot believe that all of my cases, by remarkable coincidence, were of an unusually non-fatal type, especially since deaths have occurred from time to time in our city.

In the second place, tympanites, that almost invariable and distressing accompaniment of typhoid fever, was practically ab-

sent, demonstrating the elimination of intestinal fermentation.

In the third place, with the exception of one instance, in which there was serious cause for doubt as to the nature of the matter evacuated, there has been no hemorrhage.

In addition to these, following the free administration of these salts, I have observed that there was entire absence of that characteristic fetor in the alvine discharges, a direct evidence of disinfection. As regards temperature, I was invariably gratified to find that beyond the use, from time to time, of the abdominal coil, no other antipyretics were required save an occasional sponge, the temperature invariably being reduced in a surprisingly short time after the coil was applied.

Delirium in the majority of cases was absent. Sordes were also absent, as was fetor of breath, the mouth being always in good condition. There were other gratifying conditions of less importance than those already enumerated, but in my opinion they are in themselves a just reason for the confidence with which I have been inspired. Aside from this, while we have been emphatically taught that typhoid fever cannot be aborted, and I should not presume to raise the question, yet in some of my cases the length of the disease has been of such phenomenally short duration that I have been both astounded and gratified.

One case that I would particularly like to mention was that of L. C., white, aged 26; occupation, civil engineer in the employ of city; health robust. On December 12th he came home with a chill. I was sent for and found his temperature 105° F. The usual remedies for malaria were given and yet the fever continued from day to day, ranging from 103° to 105° F., and showing a most decided resistance to antipyretics. On the fourth day he was placed upon sulphocarbols, on the seventh day it began to reduce and, as remarkable as it may seem, on December 25th, just thirteen days from its commencement, the fever disappeared to return no more.

In this case the Widal reaction, made by Dr. Andrade, was most positive.

While this was the most remarkable of all

It seems very difficult for the *Medical Sentinel* to keep itself editorially within the bounds of truly scientific stupidity.

Ox gall and liver extracts contain very varying amounts of bile acids. Sodium glycocholate is preferable.—Croftan, N. Y. M. J.

my cases in regard to brevity, yet, had I time, I might report others that were of surprisingly short duration, and which demonstrated all the signs of a severe type of fever.

And this is the testimony of thousands of physicians who are using this method of treating typhoid fever. Of those who deny the efficiency of intestinal antiseptics we do not believe *one* has given the sulphocarbolates a fair test in a fair number of cases. No man who has not done this is in a position to give unbiased criticism. Is he, reader? We leave it to you.—ED.

A FIRESIDE CHAT.

Do you ever feel like sitting down and having a quiet, social chat? Possibly after you have been tossed and buffeted about on the sea of uncertainty for a seemingly long time and at last found vital, tangible ground to stand on, when anxiety, trepidation and despair give way to confidence, courage and hope, from the consciousness that you are properly equipped in knowledge, means and method to successfully wage the battle, the nerve tension is lessened, the body relaxed, you lean back in your easy chair, give a puff of your Havana (or corn-cob pipe) and feel so relieved after pulling out of the mire of fear and anxiety that you want to tell your wife about it. Yes, the wife, the one—

"To solace all the woes of life
And all its joy to share."

For is not this joy relief? Seems like a vacation. Well, I feel about that way, anyhow. For in a practice of over twenty years I was so tossed about, and felt so keenly my therapeutic weakness for about half that time, and found myself so frequently crying out in my soul for help, for something on which to base a hope that so rarely came into being, that when I compare the active-principle therapeutics to the former I feel

like thanking the better half of my therapeutic personality (the JOURNAL) and sharing my joys with the family. Comparing my earlier practice and present, given a very sick baby, death staring me in the face, counsel had with some older physician, who would say "all was being done that could be done," or maybe offer some treatment less hope-inspiring, the only consolation was that if it died it was not extraordinary or out of the common order, and that if it got well it was from having a naturally strong constitution, and I was compelled to feel in doubt as to whether I was of real service or not—most likely not. I could not look forward with the confidence and hope borne of the consciousness of the knowledge of proper means and application. And I wondered that I knew of no method to get at disease and if there was not, somewhere, someone who could show the way to such possibility.

Of course a man in his many dilemmas will work out some little helps, but in my case they were small at most. Finally, and just before I was sick unto death of the therapeutic mess, some of Dr. Burggraave's smaller works fell into my hands and Dr. Abbott launched THE ALKALOIDAL CLINIC, and I began to feel that the star of hope was rising. But after I got the remedy and dosage to a point nearing practical utility it seemed so hard to put in practice the bound-to-be-correct theory, of giving "to effect," especially if the case required an unusual amount of some of the more potent remedies. Years ago I feel I saved lives with our every-day "life-saver," glonoin, but I see now that I just barely did save them, and that was good, and better than before, because it was so hard for me, knowing that 1-100 grain of glonoin would make me feel like another dose would cause me to blow up, to feel that 1-50 or 1-25 grain would not certainly cause

Woodbury points to the presence of congestion over the middle turbinal in cases of frontal periodic headache.—*N. Y. M. J.*

The N. Y. Med. Journal proves to its own satisfaction that intestinal antiseptics must be impossible. What a pity.

something alarming, at least, or maybe kill the patient; but it will not when indicated, for I have given 1-10-grain to a baby in a few hours with nothing but good results and no harm.

But following the teachings of Drs. Waugh and Abbott in *THE ALKALOIDAL CLINIC* more experience has given a self-reliance and a knowledge of remedial effect so as to meet the exigencies of practice without fear, until "dose enough" is manifested. What a difference in my management of a case now and what it was twenty years ago.

Given a case similar to the one mentioned: A very sick baby. The mother asked, "Doctor, do you think my baby will live?" I felt my utter weakness and inability, and that she could answer that question almost as well as I could, for I did not know what to expect of the authorized treatment of anything, but mentally cried out for help that never came, and told them to give a teaspoonful of some uncertain drug of uncertain strength every three or four hours. Yes, every three or four hours was and is the regulation time to give most all uncertain remedies of uncertain strength and go home to bed wondering what effect if any will be produced, and if the child will live till morning and praying it may live till a certain time when the books say the crisis comes and the child will either die or get better, when I fell into an uneasy, troubled sleep.

When I suddenly jumped up, my wife would say, "What are you going to do?" I am awake and reply that some one called me or rang the door bell. She says, "No, you were dreaming, no one called or rang the bell, for I have not been asleep and you have slept a few moments but have been muttering and talking all the time." I went back to bed and uneasy sleep again and dreamed of sick babies and anxious mothers.

When the clock strikes three the door bell rings simultaneously. I answer it. There stands the father of the sick babe with despair written on his face and says, "Doctor, please come at once. Baby is worse, we fear that he is dying." With a feeling of weakness I hasten to the bedside. I examine the child and find the symptoms very materially worse. I give a dose of medicine and sit down and think, apparently to no purpose, but finally to my mental query comes a small answer and I find something that seems to do good. The child gets better and ultimately fully recovers. Or, possibly, the opposite occurs and nothing seems to help and the baby gradually but surely is passing away and is soon gone, life is extinct, and I turn and leave the grief-stricken family, feeling almost as broken-hearted as the mother. Brother, this is not overdone; you who have had experience know what mental agony the conscientious physician must feel under such circumstances.

But how different the active therapeutic picture. Given a similar case: A sick baby, the same indications for treatment, the anxious parents, the same question, "Will the baby live?" There similarity ceases. I answer the question that I have full faith and confidence that if my treatment is carried out promptly as I direct, the child will recover, and that unless some unforeseen difficulty arises, the baby will surely live. Then I give the indicated remedy to be repeated as frequently as seems required until effect, then as often as necessary to continue that effect or increase it.

When I leave, I go home and to bed and quiet, refreshing slumber, confident what the result will be. The bell does not ring that night, nor do I dream it rings. But at the regular hour I awake, get up and breakfast, and feeling buoyant and hopeful proceed to see my little patient. The mother

Diabetes: Daily moderate perspiration around the toes indicates that they are not threatened with gangrene.—Stern, *Med Record*.

Every diabetic is a fit subject for anti-angiostrophic treatment whose radial pulse pressure exceeds 150 mg. Hg.—Stern, *Med. Record*.

meets me at the door with a smile, says baby is sleeping and has been resting quite naturally since midnight. To look at him sleeping so quietly it does not seem that he could have been so sick twelve hours ago. I let the child sleep but make a thorough examination. All symptoms are better; but I order the remedies given which seem required until all signs of disease are gone, then a little tonic and blood builder, and keep the system clean to assist nature to prevent the system's being overwhelmed and clogged by debris; and in a few days the child is well, up and about. It looks miraculous by comparison.

This may sound too good to those who have never "caught on" to active and positive therapeutics. And it may be that only the old liners can appreciate the full truth of this statement. But, Brother, I do aver that this is not overdrawn in the least. It is true, and all true. There is no way to compute the value of the difference to the physician in his mental wear and tear, when there is confidence instead of doubt; where timidity gives way to assurance; where hope drives out despair, and we have ease and contentment where before we felt such torturing anxiety and importunate solicitude. So that sleep is sound and refreshing without disquieting dreams or fear of —

"Some orphan's cry to wound the ear
With honor and the conscience clear."

An apology to Blackstone.

Is not this your experience, brother active-therapist? Are the pictures overdrawn or untrue? Would you exchange the satisfaction and contentment of active-principle therapeutics for the old way with all its consequential and unavoidable anxiety and solicitude, with the inevitable mental and physical wear and tear? I have yet to hear one so disposed and really cannot conceive of such a possibility. So I shake hands

with all the family around the JOURNAL fire-side and assure you that I feel truly all I have said, and I feel a new interest in the healing art and hope for the greatest ultimate good of the greatest number and that THE AMERICAN JOURNAL OF CLINICAL MEDICINE may never knock in vain.

J. R. LANDERS.

Bernadotte, Ill.

A CREED WE CAN ALL SUBSCRIBE TO.

"Bring up the child in the way it should go and when it is old it will not depart from it," is the teaching of the great Book. I have been practising specific medication, to the best of my ability, since October, 1882. Have been a close student of Scudder, and an uncompromising disciple of his.

But while this is true, I have tried to hold myself open to conviction, and have always said that if anything better came along I would accept it. I do not know that there is anything better. In fact, the teaching of CLINICAL MEDICINE is in harmony with specific medication. The only difference I can see is the medicine used. While we have always used the specific tinctures, the CLINIC disciples use the alkaloidal principle of the plant. So far as my limited experience is concerned, the alkaloidal practice is satisfactory.

There is one thing that I want to impress on the mind of the reader and that is the certainty of the action of calx iodata in croup. I have treated a number of cases of ordinary spasmodic croup with it, and the results have always been all that could be desired. A few days ago, however, I met with my first opportunity to try it in membranous croup. I was called to see a boy about nine years old. Found him suffering with this dread disease. I was scared, for I knew the great danger of this enemy of our race. I put

I hope the etiology of croupous pneumonia will soon be summed up in one word—mouse.—E. Palier, *Medical Record*.

Sherrill suggests that life insurance companies should educate their patrons as to healthful living.—*Med. Ex. and Pract.*

him upon the calcium iodized; gave it in hot water every half hour. He improved almost from the start and made a rapid recovery.

If CLINICAL MEDICINE never does more the world owes it a debt of gratitude it can never repay for introducing this remedy. I am going to study its teachings more and more. What we want is to cure the sick and relieve the suffering and the best means to that end is what all honest men should want.

Long live CLINICAL MEDICINE.

T. J. DANIEL.

Magazine, Ark.

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That's a gospel we all can subscribe to—"to cure the sick and relieve the suffering." The truly conscientious doctor will lay all the prejudices of training aside when he comes to the sick-room, and will concentrate every energy upon finding *the* remedy which will relieve or cure that patient. He must be open to conviction if he hopes to go forward and not backward. The profession as a whole owes much to the teaching of men like Scudder and to the specific remedies introduced by the eclectic school. All honor to the great men to whom we owe this debt! But forward, forward, Brethren!—ED.

RHEUMATOID ARTHRITIS.

I have a patient with rheumatism; a lady, aged 57, mother of six children, youngest twenty-nine years old. This woman was raised here in Arkansas. Has had rheumatism six years. Her average weight, from twenty years of age to the present time, has been 180 pounds. From fifteen to twenty years of age, she weighed, on an average, 155 pounds. Now, Doctor Abbott, this woman says this "rheumatism trouble" attacked her *all at once* five years ago. No

family history of rheumatism. History is good on both sides of her family.

I was called yesterday to see her for tonsillitis. Found her in a serious condition, but better this morning. Her general health is good as to vitality, but she cannot walk; has to be dragged from bed to chair and back to bed. She has been using crutches up to several weeks ago. At present she is unable even to use them, but can sit up. Her hands are badly contracted; knuckles enlarged; feet also badly contracted and turned out from body. Large soft lumps on knuckles, feels like there might be wind under the skin. Same way with the feet and ankles. The muscles of her neck, sides and back part of head, are stiff and contracted.

She enjoys reasonably good general health, her appetite is good; bowels are constipated; has to take "pills" every day or two to keep bowels open. I have never seen the woman until yesterday. Now, what can I promise this man and his wife? They have used all the patent medicines they could hear of and she has been treated by all the doctors, with fluid extracts and tinctures of course, for here in these towns they do not know anything about the alkaloids. I may be too enthusiastic, but I think, I can cure almost anything with a well-filled case of your alkaloids.

While I think of it, I want to ask you a question. What am I to do when I am called in consultation and the other doctor objects to the alkaloids, or he says he "does not know anything about them" or he "does not use them and does not like them," or raises some other foolish objection? Must I come over to him and go back to the old backwoods-way and use his tinctures and fluid extracts, etc.? I have had just such experiences. I did not give up my alkaloids all the same. Now, can I at this late date,

Knud in 1498 noted the appearance of huge numbers of flies and of the plague at Aarhus in Denmark.—*Medical Record*.

Insects of all descriptions are too important as distributors of disease to be hygienically neglected.—*Med. Record*.

after five years of disease progress, cure this woman? I want to do something if I can. They are able to pay me and willing to pay, but they have been duped so much they are a little shy.

D. C. M.

—, Arkansas.

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We very much fear that you can not do much in this case unless you are prepared to use massage, dry hot air, etc., and unless the patient will stay by you for weeks—possibly months. Promise not too much, but “everything that modern medicine can do.” First and foremost, if you are not prepared to make a complete analysis, send us a specimen of urine, four ounces from the twenty-four hours’ output, stating amount passed and give pulse rate, condition of heart, activity of skin, etc. Will these people intelligently carry out instructions? After we have examined urine, and know how the circulation stands, we will suggest a treatment. In the meantime begin to eliminate and have the parts put in compresses wrung out of a solution of magnesium sulphate: magnesium sulphate, oz 1; carbolic acid, drops 10; water one pint. Use cold unless heat is more comfortable. Saline every morning and three or four of Buckley’s sulphur comp. granules after food.

As to your other query, any physician who says “I know nothing about the alkaloids” is not a well-read or educated man; for even if he does not use the active principles he must know that every vegetable remedy depends upon certain active principles for its therapeutic action; also, that many remedies contain more than one, each exerting a different influence. If a man wishes to use a tincture of digitalis, for instance, for its action upon the heart, he will *trust* that digitalin is present in effective amount. You just give digitalin and be sure. If you

want diuretic action you give digitonin and get it. Ipecac contains cephaeline and emetine; cephaeline is dangerous, emetine acts safely. If he wants to get prompt emesis he uses apomorphine, doesn’t he? If he would relieve pain or malaria, morphine and quinine in preference to any fluid preparation of opium or cinchona? You see he does use the alkaloids, only not consistently and to the best advantage. Suggest this and ask him to “brush up”; decide on your line of treatment and then give the alkaloids covering the ground, asking him to note their prompt and positive result. If you explain briefly the potency of the granule—that it represents the “smallest effective dose,” which repeated often at intervals must produce equal physiological results, he cannot fail to see the point. If he does not at the time he will later when the patient responds. Take a minute and explain the “clean-out and clean-up” idea, pointing out the necessity for a toxin-free and absorptive intestinal tract and interest him. On no account give in and allow your patient to take uncertain medicines. Why should you go backward because someone else refuses to accept improvements and modern, scientific, methods? “Be ready to give to every man that asketh thee a reason for the faith that is in thee”, Doctor, and also to “prove thy faith by thy works.”

People soon learn that the doctor who uses the little pills “does things” and if you will stick out for using only that which is best for your patient you will always have the support of the family. Finally, in season and out of it, talk the beauties of alkaloidal practice to the physicians whom you may meet, and let them see from your work that you get results they cannot secure. So will you soon convert the heathen and make Science live where now Tradition and Empiricisms hold sway. Some fifty thou-

Nuttall found virulent plague bacilli in the bodies of flies 48 hours after feeding on infected material. —*Med. Record.*

Germs of plague, cholera, anthrax, staphylo and streptococci pass unharmed through flies, beetles, fleas, roaches, etc.—*Med. Record.*

sand active practitioners are now using the alkaloids. You're not without friends.—Ed.

JUSTICE FOR THE OLD DOCTOR.

I was much interested in "Square Deal's" article in April CLINICAL MEDICINE.

I came to Oregon, January 1, 1904, with an invalid wife to escape the winter climatic conditions of northern Wisconsin. I am a graduate of the Chicago Medical College (N. W. U.) class of 1874, and am registered in Wisconsin.

About six weeks after I came here, one drizzly wet evening about 9 o'clock I was talking to an acquaintance on the street, when he, seeing a couple of ladies coming toward us, remarked to me, that they were trying to get a doctor to see the father of one of them who lived some eight miles out and from whom they had just got word previously that he was dying. But they could get no one to go. I turned to him and said that in that case I'd be willing to go if they wanted me. We were introduced and they gladly accepted my offer.

I thought when I first saw them that this was a case of poor pay in hard luck, and I was doing an act of charity. The case was a very serious one and if I ever saved a human life I saved one that night, and the folks knew and appreciated the fact; and it was not poor pay but good pay, the woman's husband that got me being well-to-do and on a good big salary.

A few days later the city marshal informed me that complaint had been made that I was practising without registration. I denied the "practising," as that was the only patient I had seen and told him that I'd like to have the son of a — make complaint in the open. I had been told on the quiet that an ex-health officer, a physician, who had refused to go when called was intend-

ing to have me "pulled." Sometime later I was elected medical examiner in a couple of societies and seeing work ahead I enclosed my Wisconsin registration certificate that I had with me with a ten-dollar bill to the medical board of registration; but they were returned—like the cat that came back. Since coming to ——— I have sent my registration with a letter to the president of the board but have received no reply, only my certificate (Wisconsin) came back, and I am glad that he was that honest.

My advice to "Square Deal" is to practise, hang out his shingle and let them (that is, the Board) commence action. Read up or get informed about the *modus operandi* of this state medical legislation. How the old timers all passed themselves into the fold without examination, while the examination is especially for the eastern man of whom the coast doctor is insanely jealous. Get informed how the sacred law of Illinois was set aside when Dr. Lorenz, the Vienna specialist, came to see Lolita Armour. Get posted and, if pulled, talk to the jury and the jury will not convict.

Or even supposing you are fined, do not pay it and see to it that it isn't paid. Go to jail if need be and open an office in the jail. Keep at it and the people will be back of you. I didn't come to Oregon for a fight, but I am loaded; I am practising without registration and the Board cannot stop me. I am a necessity in this community, am recognized as such, and no jury will convict me.

"Square Deal" has my full sympathy in his trouble. Personally I came here with an invalid wife and hoped that I would not have to practise here. I had "the hook put into me" when I thought I was doing an act of charity and the man that complained *knew* that I came to Oregon on

Celli fed flies on *b. typhosus* and recovered the bacillus in a virulent state from their feces.—*Med. Record*.

Hoffman found *b. tubercle* in four of six flies caught in a room where a man had recently died of tuberculosis.—*Med. Record*.

account of sickness and trouble. He is a registered medical cur.

For nearly thirty years I have been a regular practitioner, a graduate, a registrate, a member of society recognized by the A. M. A.—and still I am not fit to practise in Oregon!

In a business way the county recognizes my bills but if an insane person is to be examined or an old-line insurance company has work the first question is: "Are you registered?" The dirty, contemptible meanness of it all can only be fully realized by such as "Square Deal" and others like myself. Here I am, a man of fifty-four years, too old to be very successful in any other line of business, mentally better fitted than many a younger man. An invalid wife, no means to speak of, and yet I shall not have the means to earn my bread and butter? And all this in a profession in which I have had so much pride, which I regarded as the noblest and kindest, but which, on the coast, seems to desire to Oslerize old eastern brethren. Of course I can practise in Wisconsin but I am not going back for a while.

I'd like to know "Square Deal." I am living in southern Oregon, near the California line, a most beautiful country, ever green. Hardly one acre in forty is plowed, very beautiful scenery, cool all summer, warm all winter, very mountainous, lots of trout and salmon, and deer, and a dollar a day will fatten you. If any of the brethren want health and recreation, and the most beautiful scenery, come this way and we will give you the glad hand.

S. J. F.

—, Oregon.

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We were in doubt as to whether we should publish this letter or not, because we feared that our own position might be misinter-

preted, in spite of the fact that we have already positioned ourselves repeatedly. We believe this doctor did wrong—that he went about the matter of getting into practice in Oregon in the wrong way. We have laws and, in spite of their imperfections, they are on the statute books to be obeyed. Let every doctor, old or young, who desires to change his location adapt himself as best he can to the altered environment. If you are square yourself in these matters you can fling your rocks with a clean conscience.

But having said this we want to add that there is something decidedly wrong with the medical legislation which denies justice to the old doctor; which virtually, even if not technically, discriminates against him; which makes it well-nigh impossible for a very large percentage of us to practise legally in any other state than the one in which we may now happen to reside; which bases a practitioner's ability upon his power to answer a few cut and dried questions, many of them confessedly impractical, few of them throwing light upon the doctor's real capacity to heal the sick.

Circumstances like this, and the one referred to in the April issue, are constantly coming to our attention. And mark you, these men are not fools—they know as much medicine as you and I; bring it right home to yourself, as *you*, Doctor. In your heart of hearts you know, if you have read over the published questions, that it would be a mighty tight squeeze for you to pass them—I don't care if you are president or secretary of the county society. Some of these days, sickness in your family may make it imperative for you to seek another climate. How do you think you will like such an ordeal?

The trouble with all of us is, that we are glad enough to keep competition out of our own community and don't care a rap how

Chronic Constipation: A patient has lessened doses of anticonstipation granules from 18 t. i. d. to one t. i. d. and now begins to divide them.

Treatment of constipation restores the power to the bowel so as to render drugs less needful. This method cures.

much competition there may be somewhere else. This is natural, but is it just on the square? We need a little injection of the golden rule into this matter of medical legislation. The day is past, in our opinion, when the practice of medicine can be left unregulated; fraud, charlatanry, and ignorance, are real foes which must be energetically fought—but on this matter, as in everything else, we should get together, and see to it that the just rights of every competent and honorable practitioner in every part of the country should be protected. The purpose of medical legislation is not (we hope) to protect one honest man from competition with another man equally honest and equally able, but to protect the public from the wiles of the sharper, ignoramus, and quack.

It is time that the medical men of the country made themselves felt in this matter. If national legislation is impracticable let us at least urge that reciprocity of the licensing powers between the states be made really instead of technically effective, and that provision be made for the old doctor, who has qualified by years of experience, even though he is not so well "posted" on the more technical branches. It is an absurdity to assume that such a man is competent to practise medicine in Wisconsin and incompetent to treat the sick in New York—or the reverse, as the case may be. We should demand fair "play"—justice—and nothing else. Now let us go about getting it.—Ed.

APOMORPHINE DID THE WORK.

Since sending in a previous communication to the family I notice an article regarding "Rational Therapeutics" from the pen of Dr. Orville Westlake, and also one following it by Dr. B. L. Good, both illustrating the necessity of vigorous treatment along certain lines so forcibly laid down by

The man who finds himself obliged to increase his doses of anticonstipation granules right along must be a dunce.

CLINICAL MEDICINE. The cases are the first which I have seen of this special kind, although I have looked for such for some time. I had a case very similar and it may be interesting to some of the family to know how it came out under the treatment given.

I was called at one o'clock one morning to attend a servant girl in a family living near my office, and the only preparatory history which I could get to enable me to gather such supplies as I would need was that "she was dying from poison" and "hurry up."

I took my emergency case and hustled accordingly. On arrival I found a young woman about twenty years of age, well developed, well nourished, and in apparently good general health, aside from some acute intoxication which manifested itself as follows: Face very much swollen, eyes protruding, much evidence of pressure in thoracic area, difficult breathing, practically unconscious, at least to such an extent that I could not get many subjective symptoms, and the only reply that I could get to my questions was that "I am choking to death." Abdomen distended, skin covered with a profuse blotchy erythematous eruption, very much like "wheals." Pulse and temperature both up.

All this had to be taken in at a glance while I was preparing to get busy, and the members of the family were adding to my discomfort very much by their expressions of alarm. As to what to do, my first impression was to produce a reaction and I knew of nothing which will equal apomorphine in such cases, so I told them to get a couple of glasses of water into her while I prepared a hypodermic of this remedy. I gave her 1-10-grain and in just three minutes, actual time, I got what I was after. The vomitus was sufficient to fill a toilet

Never treat a case of insomnia as such alone, but try to treat the cause and thereby correct the condition.—Brandt, *Merck's Archives*.

bowl one-half full and its character simply beggars description.

While she was vomiting I was preparing a large toilet pitcher full of warm salt solution and as soon as she settled down a bit I gave her another hypodermic of strychnine and nitroglycerin and then went to work with the fountain syringe and she got the whole of that gallon of solution through a high enema tube. Again the result was as satisfactory as it was foul. This whole procedure took about one hour, and when it was over the patient had lost her edematous condition, dyspnea, wheals, was fairly bright and aside from such depression as would naturally follow apomorphine, was comfortable. I left her to rest and saw her again about 8:30 a. m., and found her resting quietly and in good condition but weak. I gave her the divided dose calomel, podophyllin treatment and a subsequent treatment of triple arsenates and sulphocarbolates with a few grains of quinine, and her recovery was complete in about a week.

Now I have talked this case over with at least a dozen of my colleagues and have gotten as many different opinions of the manner in which they would have treated it. None, however, mentioned apomorphine and neither of the correspondents above mentioned this remedy, but it did the business here certainly for fair, in as bad a case of autoinfection or intoxication as I ever want to handle.

CHAS. E. BUCK.

Boston, Mass.

GRAN'S CLEANING.

"Lord! Jess, the Doctor says he's agoin' to wash out my stomach!"

"Wash it, Gran? Mighty glad it ain't me."

"I'm plumb scared to death aready, Jess,

jes thinking 'bout it. I 'low as how he'll bring his own scrub brush. D'you 'spose he'll need a mop too?"

"Granny, Granny, don', don' talk that a way. I jes know as how it'll kill you dead."

"Don' be foolish, child. He's one of those way-up doctors and knows what's bes fer us. I feel real flattered to think he's agoin' to wash my stomach. You don' need fear, child, I'll be so live on judgment day that Gabriel'll have to shoot me. The Doctor says as how I'll be a sight better after my stomach's cleaned out."

"How'd it ever git so dirty, Gran?"

"Well, it's jes this-a-way. There's a tube from your mouth to your stomach with a name that sounds like that man's name that writes stories 'bout animals."

"Aesop, Gran?"

"Yes, yes, child. Sure that's it. Then there's a little trap door that opens out'n the lower part of the stomach, an' the hinges of that little door hev dun got rusty."

"Rusty? Gran, did the Doctor say so?"

"Not 'xactly. He said '*swollen*,' but any sane body knows as how hinges don' swell. The door might, but not hinges. No, No. Can't mek me b'lieve as how hinges'd swell. Hinges can't."

"No," said Jess doubtfully, "but I should think as how he could ile 'em, Gran."

"Did try, but didn't do no good 'tall. He's give me 'nough ile for all the hinges in my whole diagram."

"When's he agoin' to house-clean your stomach, Gran?"

"This day, child, an' I ain't to eat nothin' but a little piece of bread an' butter an' a small glass of milk fer dinner. Jess, put on your bunnit an' run over to the corner store an' git a bran new scrubbin brush. Ginst you git back I'll hev a clean rag in the mop."

Upon the doctor's arrival, much to his

Brower prescribes veronal gr. 5 with codeine gr. 1-4, and prefers this combination in insomnia even to chloralamide.

The employees of The Abbott Alkaloidal Company raised \$163 for the San Francisco sufferers' benefit.

surprise, he was handed a new scrubbing brush and a mop holding a snow white cloth. Before he could voice his astonishment the faithful Jess disappeared to return in a jiffy with a blue saucer containing a smooth, soft, brown, substance.

"I guess as how thet'll be all you'll want, Doctor, less it'd be some rinsing water."

"What shall I do with these, my child?" asked the astonished physician.

"Do?" and Jess's eyes and mouth opened wide. "Why, it's the soft soap and brush for the cleaning of Gran. Ain't you agoin' to scrub Gran's stomach after all? She'll be dredful disappointed. My! She's sure countin' on it."

Much to Jess's chagrin the portly Doctor fell into a chair, passing from one paroxysm of laughter to another, holding his portly sides while the tears streamed down his face.

Grannie afterwards told a neighbor.

"D'you know, instid of scrubbing he made me swallow a garden hose with a funnel at the other end. You'd a thought my stomach was a green lawn he was watering. An' now he says I must eat grapes to make my blood redder, because I am an emetic."

NANCY H. HASKETT.

Hot Springs, Ark.

CARBUNCLES AND DIABETES.

I wish to give my experience in a case, trusting that others of the "family" will test the remedies in like conditions and report in *CLINICAL MEDICINE*.

A year ago Mr. B., a blacksmith by trade, age 35, consulted me for treatment of a carbuncle on his lip. He informed me that he had been annoyed with boils and carbuncles for the past four months and had been under continuous treatment by other physicians without relief. I inquired if the urine had ever been examined. He in-

formed me that no such examination had been made. I treated his carbuncle with peroxide of hydrogen, after which I dusted it lightly with iodosyl and applied Mayer's ointment. The following day he brought a specimen of his urine, which I found contained about twenty per cent of sugar. I prescribed as follows: Calcium sulphide 1-2 grain, two tablets three times a day. I gave him instructions to discard sweets as far as possible from his diet. The carbuncle on his lip healed quickly and there was no return of boils or carbuncle. The sugar disappeared from the urine in three weeks. Mr. B. has remained in good health to the present.

WM. PHILLIPS.

Jackson, O.

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In every case where there are boils or carbuncles the urine should be examined. In many of them sugar will be found, and this is the key to the treatment.

The observation which has been made, however, is a very remarkable one indeed. We have by no means mapped out the field which can be covered by calcium sulphide. Continually we find indications of its applicability in new and unexpected directions. This observation should be repeated. The drug should be given in other cases of glycosuria and its possibilities as a remedy in the various forms of this condition should be ascertained.—Ed.

NATIONAL VOLUNTEER EMERGENCY-SERVICE MEDICAL CORPS.

The calamity upon the Pacific coast has become not only heartrending but absolutely stupefying in its unprecedented and stupendous proportions. Moved by a common impulse, the whole country is hastening to alleviate the distressed.

Splanchnic vessels are much more intensely constricted by drugs than those of the muscles, brain or lungs.—*Merck's Archives*.

Vasoconstrictors in hemorrhages from lungs brain or liver are useless and distinctly detrimental.—Dixon, *Lancet*.

There are occasions of disaster and epidemics, of all too frequent occurrence; when all men recognize the tremendous part played by the medical profession in the relief of suffering and the saving of life, but even we, the members of that profession, have as a rule no adequate and abiding realization of the part. This is probably due to the fact that, while our aid is always rendered promptly and heartily, it is done on the spur of the moment and without the advantage of special preparation for the emergency. In other words, it is because of lack of organization and this lack detracts materially from the effectiveness of the best intended efforts.

This need of readiness for the purpose of rendering medical and sanitary aid and relief in emergencies, including catastrophies, pestilence, and war, is met with by the NATIONAL VOLUNTEER EMERGENCY-SERVICE MEDICAL CORPS, which is modeled on a distinct military basis, provided with officers varying from surgeon-major-general, sanitary engineers, to nurses and trumpeters, and with material appliances from transports and temporary shelters to cooking utensils; such a corps specially trained, disciplined and fully equipped would be ready for any and every immediate emergency service, whether casualty, epidemic, war or civic function, where there is a large aggregation of people liable to accidents or overcome by heat.

Such a hospital and ambulance corps—a detail, company, platoon or battalion permanently established and located in every city and town, ready to render relief whenever and wherever required and fully prepared to be called into requisition at a moment's notice to assist state and local health boards in the enforcement or execution of sanitary measures for public welfare and safety; or in the field, at the call of

civic or military authorities, to render aid to victims of calamities as exigencies may require—would inspire the confidence of the people and assure the safety and prosperity of the community.

This organization is not antagonistic to any Red Cross society, with whose operations it does not in any way desire to interfere; its intended scope being technical and professional is far wider reaching and efficient, being a strictly medico-sanitary body (after the model of the Medical Department of the U. S. Army and Medical Staff Corps of England) it is confidently expected that its services will be instantly forthcoming when required, as are those of a fire brigade—all things necessary in time of disaster being immediately forthcoming and ready from the simplicity with which its vast military machinery can be put in motion.

This corps stands the same relation to the community in protecting the life and health of the people, as does the National Guard and State Militia in guarding the property of the citizen; with this essential difference, that it is self-supporting and without entailing either upon national or state government the expense of equipping or maintaining.

The ravages of catastrophies, epidemics and famine are far more destructive to the welfare of a nation than any war ever was or can be—particularly in these days of our activity in the additional channels of infection—our colonial possessions, the Philippines, Cuba, Panama.

Let us hope that the Knights Hospitalers of old will live again in this brotherhood of scientific aid and relief, as benefiting this progressive twentieth century, and perils by land, and perils by sea, railway crashes, floods, conflagrations, earthquakes, volcanic eruptions, tornadoes, pestilence, famine, and all other disasters, will be shorn of half their

Free yourself from the yoke of a rigid and authoritative scale of doses, and adapt orders to idiosyncrasies.—Hawthorne, *Lancet*.

Idiosyncrasies exist not in exceptional cases alone but in each individual patient over the whole drug field —Hawthorne, *Lancet*.

horrors. From no other class of men is this blessing so likely to come as from the medical profession.

National Volunteer Emergency-Service
Medical Corps.

J. ADELPHI GOTTLIEB, M.A., M.D., LL.D.
Surg.-Maj.-Gen. Commandant.

BRIG.-GEN. PERCIVAL KUHNE,
Paymaster-General.

PROF. NICHOLAS SENN, M.D., Ph.D., LL.D.
President Advisory Medical Council.

Physicians, pharmacists, nurses, and medical students, are invited to become members, as it is desired to have representatives in every city and town.

Address all communications to

NAT. VOLUNTEER EMERGENCY-SERVICE
MEDICAL CORPS,

Temporary Office,

225 West 106th St.,
New York City, U. S. A.

THE OLD, OLD QUESTION.

I would thank you for your opinion, either directly or through the columns of CLINICAL MEDICINE, regarding a subject which I presume presents itself not infrequently to all practitioners.

The case briefly is this: A young married woman, only twenty-one years of age, has borne three children. As a result of rapid child-bearing her health is impaired. She considers she has a duty to the children already born and also to herself. The husband being of the same opinion, he asks that a respite be given from child-bearing to his wife by some local or internal remedy to keep her regular and prevent conception. He insists that they would not ask or allow interference to destroy the product of conception, but believes preventing conception another thing.

Our Nebraska law and also other states

make no such distinction. But this patient told me of certain physicians living elsewhere who give the treatment he desired, and I know those physicians to be in good standing in county and state medical societies. Are they ignorant or simply dishonest?

I will state here that I refused to prescribe, but am investigating the subject a little. The faculty of the College of Medicine, University of Nebraska, teach their students that all such work is criminal, and in the second place no remedy is certain as a preventive of conception and non-injurious. A letter from a prominent regular physician of the state says, "There is no remedy known to medical science to keep a woman regular and prevent conception" and says, that the only respite from pregnancy is continence.

Inasmuch as the laity and certain unscrupulous charlatans do much of this work, I think it a proper question to ask if there is any remedy other than sexual continence—advice that usually falls by the wayside—when a respite from child-bearing is needed on the part of the woman, and are the laws right?

J. G. W.

—, Nebraska.

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We have practised medicine over a third of a century, and many questions like this have come to us in that time. Let us take first the individuals concerned—the father and mother. We have attended in our practice a number of women who had borne into this world from ten to sixteen children. Three cases come from our memory at present, the mothers of thirteen, fifteen and sixteen children respectively. Each of these women was strong and healthy, much above the average of their sex. We cannot now recollect any woman who had borne an unusually large family who was under the average. We cannot conscientiously say,

Reading is the best nepenthe, surest cordial, sweetest alternative, pleasantest diverter.—Burton, *Anatomy of Melancholy*.

Le Gallienne recommends the prescription of books as medicines. Sure! Try a State Medical Journal for insomnia.

therefore, that the health of the American woman compels the limitation of her family.

Next is the question of the ability to provide: Here is an instance of three brothers; one had a lucrative position in the Philadelphia City Treasury, no children; another was a postman, two children; the youngest brother had nothing but a little shanty on the wharf where he bought and sold oysters, melons and similar articles. He had sixteen children. The one who had only himself and wife to provide for, with a large salary, got into trouble for misappropriating funds; the one who had two children and the steady income of a postman held his own living in a rented house. The other with only the little precarious business and sixteen children, owned his own property and had money invested. To this latter family there came a wealthy lady, childless, who offered to take any one of the sixteen and make him her heir. The indignant mother drove her from the house with a broom, the mother rage aroused at the idea that she could be asked to spare one when she only had sixteen.

It is too much to expect people to feel parental affection for children who are not yet in existence even in embryo, but however severe the strain of earning a livelihood may be, we have yet to see a case where that parental affection was wanting for the child after it came into existence. On the contrary, we have known plenty of cases where death had swept away the one or two children, leaving the home empty, after the parents had reached an age which rendered further child-bearing an impossibility. These things naturally do not appeal to the young and inexperienced; they must influence our own advice to such persons. Look the matter squarely in the face divested of the sophistries which speak of having few children and rearing them well and giving them advantages; duty to one's self, etc. The matter

is the old, old fight between right and wrong, selfishness and altruism, the religion of Jesus and that of the devil. Shall we for the benefit of the world and for the sake of these children, yet uncreated, deny ourselves the good things of the world—ease, comfort, rest, the enjoyment of society and the pleasures of life and cut off from our possible children the privilege of existence? Still further, shall we defile the marriage-bed with the devices of the prostitute, eliminate the affection which should exist between man and wife and substitute for the complete surrender of each to the other, which is the very essence of happy wedlock, giving instead the cold, calculating, selfish, debasing methods which are asked? If there be aught in this world which is sacred it is wedlock, and the wise wife cherishes this as she does her life.

Finally, Doctor, let me say, that there is in no instance any known method to prevent conception which is effectual and harmless to the health of the husband and wife. The men who say there is, are liars or fools. They are those who either do not know what they are talking about, or for paltry present conditions will sacrifice the health of one or both of the parties involved. We have in mind, at the present moment, a man who through such methods has arrived at such a state of melancholy that it is only by being constantly spurred up by his necessities, and the sharp tongue of a shrewish wife, that he can be driven to perform the daily duties, to earn a living for his family. Many thousand women sacrifice their generative organs on the operating table of the surgeon as the final result of disease processes instituted in the endeavor to prevent conception. Many thousands of husbands settle this matter by forming outside ties where warmth of affection replaces the cold selfishness encountered in their homes. We see the re-

Tuberculosis: Arsenic is a good tissue builder, and can be given for many months in succession.—Jacobi, *Am. Medicine*.

Tuberculosis: Cod-liver oil is probably active beyond its effects as a fat. Arsenic has been considered nutritive for generations.—Jacobi.

sults in the divorce courts, but inquiry rarely goes back to the beginning of the trouble.

Doctor, we hope we have laid this matter before you in a manner which has at least convinced you as to the soundness of our position; that you will be able to convince the parties involved, that the wife we hardly hope. Women, as a rule, do not look sufficiently ahead or calculate the ultimate consequences enough to realize what this matter means. They importune us now to grant their wishes and afterwards come to us with querulous complaints because we have done so. There is only one way for the honorable and conscientious physician to do; to place this matter squarely before the parties and if they decline to do as he advises, drop the case. Nevertheless, we do not believe the physician has done his whole duty if he fails to convince the parties thereof and thereby retains his hold upon them. It is your duty to convince them, and you have no right to let them go to less scrupulous advisers. Washing his hands of a case does not relieve the physician of moral responsibility. In fact, such a case as this, is a test of the physician's manhood, of his right to be a physician, and to take upon himself the direction of his families. A man who cannot convince a patient of such truths when he knows them himself, is not of sufficient mental caliber to take upon himself the grave obligations of a practising physician.—ED.

HYOSCINE AND THE MORPHINE HABIT.

Dr. R. E. Baring of Tulare, California, writes us, that he does not think his position, concerning the use of hyoscine in the treatment of the morphine habit, was fairly stated by Dr. George E. Pettey, in the paper which appeared in this JOURNAL in March. He sends us an answer to this paper, as it ap-

pears in the *California State Journal of Medicine* for January. We reprint below the essential part of his letter:

Anyone who has read the article referred to [Dr. Baring's original paper.—ED.] will see that in cases one and two I *described the treatment in detail*, showing in one case the *small dose* of hyoscine used with the *long intervals* between, where results were thoroughly satisfactory; the other case showed the *large doses* of hyoscine which were *necessary* to get the patient under its influence, and *when secured, just enough* hyoscine was given to *keep up its action*, showing clearly some knowledge of its administration.

Dr. Pettey "shudders" at the doses sometimes necessary, but at the same time in an article written by him he reports giving a patient *one-twenty-fifth* of a grain of hyoscine *every half hour* until the patient was *under its action*, which *amount* evidently was *necessary as well as safe* or *he would not have administered it*. It is the same with hyoscine as with all other drugs; it is the *action* desired and *not the dose*, or, in other words, give the hyoscine for its physiological action, not for any stated dose, which, if recognized by the one giving it, will never do any harm.

As to cases three and four, which Dr. Pettey selects out of the entire article for criticism, I beg to state that as this article was read before the Medical Society of the State of California at Riverside, and my time was limited to ten minutes, they were necessarily abbreviated to save time, and the three days referred to merely had reference to the *time of administering the hyoscine* and *not to the period of cure*. Right here it might be well to state that the paper was favorably received by the society, was passed upon by the publication committee, abstracted in the *Therapeutic Gazette*, the *Journal A. M. A.*, and *Albright's Practitioner*, and no "extravagant claims" were detected, as suggested by Dr. Pettey. As it is well known by anyone using this method of treatment, from two to four weeks is necessary for a patient to remain in the sanitarium, depending entirely upon the individual's recuperative powers.

As to the "miraculous cures," no such claim was ever made by me, and a reading

Tuberculosis: Cardiac stimulants should be taken regularly for indefinite periods; sparteine, gr. 2 to 5 daily.—Jacobi, *Amer. Med.*

For 15 years guaiacol has been given by me in thousands of cases, with good results.—Jacobi, *Amer. Medicine*.

of my article in its entirety will show this also. The features of elimination to which Dr. Pettey lays so much stress were clearly set forth and emphasized in my paper.

Dr. Pettey implies that I am a recent convert to the use of hyoscine and consequently unfamiliar with its use and action, therefore incompetent to handle such cases. I would simply state, that I treated my first case with hyoscine in March of 1902 and reported the case in the *Therapeutic Gazette* in August 1902, since which time I have treated several hundred cases; "perhaps not as many as Dr. Pettey," but sufficient, however, to at least give me the right to an opinion.

I do not and never have claimed to be a "three-day-cure man," as intimated by the critic, and in the several articles read by me before medical societies I have never made any such pretensions nor any claim for originality, but have always given Dr. M. K. Lott, of Cameron, Texas, full credit for priority in giving this treatment to the medical world, he having read a paper before the Brazos Valley Medical Society in May of 1901, his paper appearing in print in November 1901. The fact of Dr. Lott having read his paper before a body of medical men in convention assembled five months before any article appeared in print on this subject, certainly would entitle him to the honor of first bringing it to the notice of the professional world, the claims of others for priority notwithstanding.

PLEASANT MEDICATION.

When I see some of the prescriptions given in the medical journals I often wonder if the writer would be willing to take what he prescribes himself. Personally I cannot take very strong medicine and therefore sympathize with my patients. A doctor's wife came to consult me about a cancer in her breast and she made the remark that she was afraid she "could not take a course of treatment for it, for she could not bear to take much medicine." Here is the advantage of being able to adapt your medicine to the constitution of each patient. I re-

marked to her that I could give her mild doses of medicine that would not affect her stomach and would do her good.

There was a time when I used to give more medicine than I do now. Almost every day I gave an emetic. Lobelia was used. It helped to cure the patient and they seemed satisfied that they had "got their money's worth" but there came a time when I took a lobelia emetic myself, and felt that Josh Billings was right when he said that "the best cure for love sickness was a lobelia emetic." I used to give physic in those days that would bring a patient to a "realizing sense of his condition." To keep my patients supplied with tonics, blood medicine and bitters in pint bottles was a constant drain upon my purse. I began to realize that our homeopathic friends were gaining a strong foothold in this country by pleasant medication.

How well I remember cases of croup where I forced the little children to take acetous syrup of sanguinaria. It cured the croup but the very sight of it made me sick. I used to use a physic powder in those days and the smell of it "lingers round me yet." I have had patients tell me when they needed a cathartic they only had to go into the cupboard and "smell."

From a long experience with both kinds of medication I am satisfied that pleasant medication pays the best. It is not only more positive in its action but it is less expensive. When you give your patients medicine that tastes good and cures them they will rise up and bless you and the children won't run and hide when they see the doctor coming.

Now instead of a big buggy trunk full of all kinds of fluids and powders that smell enough "to drive a dog out of a tanyard," I carry a pocket case of twenty vials (3 drams) that contain life and death in a con-

Tuberculosis: Guaiacol carb. 308 or 408 grams; strychnine nitr.; arsenic trioxide, aa 0.1; sparteine sulph. 3.0 in 5 powders. One, t. i. d.—Jacobi.

Night-sweats: Single dose atropine at bedtime, gr. 1-60, with or without agaric acid gr. 1-6 to 1-2.—Jacobi, *Am. Med.*

centrated form. Alkaloidal medicines have accomplished a good deal toward giving the sick pleasant medication. They are like what the girl said about her best young man, "He's little, but oh my!" The little granules do the work "easily, quickly and pleasantly," and the doctor feels at peace with all men—some of us.

There is no earthly reason in these days of pleasant medication why a doctor's office should smell like a hospital, but many of them do. Just think of a patient with a weak stomach being compelled to sit an hour or two in such foul air. If we must keep drugs that stink, keep them down cellar, far away from our patients.

This reminds me of a story. A young man was studying medicine years ago with a botanic doctor. Sometimes the student used to get full of "strong waters," but he never was so drunk but he could find his way home, for "he always stopped when he smelt catnip."

ELI G. JONES.

New Brunswick, N. J.

ANOTHER THERAPEUTIC POINT.

Guaiacol, with or without methyl salicylate, rubbed up in lanolin will prove promptly efficacious in epididymitis and orchitis. Rub in freely and cover with snug bandage.

GEO. H. CANDLER.

Chicago, Ill.

ANGINA IN MEASLES.

To show you that your "footnotes" are sometimes read I would like to tell you that I had a little experience with measles while I was in Alaska. I treated over 250 cases one Fall and I venture to say that 200 of them started out with a very pronounced

angina, and as I then thought as does Heinen, I diagnosed the first few cases as scarlet fever. The rash following was like that of scarlet fever, but there the similarity stopped, and everything else was typical of measles, notably the sequelæ, of which there were fully a hundred developing pneumonia, and not in a single case any trouble with kidneys or ears. The desquamation was that of measles and not of scarlatina.

H. R. MARCH.

Odell, Illinois.

OBSTETRICAL PRACTICE AMONG THE NAVAJOES.

While a student in my last year (1905) I became a subscriber to the CLINIC and have read every number carefully, even the "ads."

CLINICAL MEDICINE is rich, full of "juice," up to date, and cheap. I would not do without it for five times the subscription price. I have received some very valuable pointers, and some day expect to make alkaloidal therapy my anchor in practice. I am in the Indian Service and therefore do not have the same opportunity to use the alkaloids as I would have in private practice, but I "shove" them in whenever I can.

I have not mastered the entire field of active-principle therapy, but trust that gradually I will have a working knowledge of it, because I am convinced that it is the coming practice, and I certainly wish to be "in it."

I wish to give my experience with my first obstetrical case. On Feb. 21, at 2 p. m., a Navajo asked me to attend his wife, who was about to be in labor. It was on one of those celebrated Arizona sand storm days. I walked to the hogan a half mile distant and found about seven men, five women, and six children, all around the fire, the sand coming in through every crevice.

The amoeba is a single cell with intelligence; man an aggregation of cells with intelligence in every cell.—Lindsay, *Med. Brief*.

For Acne: Iron pyrophos. gr. j, calc. sulphide ss, strychnine 1-80, quinine j; t. i. d. Antiseptics to skin.—Shoemaker, *Med. Bull*.

I asked for the sick woman and one was pointed out to me. She was sitting upon a heap of sheepskins, her head bowed but otherwise not unlike the others. I was told that she has had several light pains, but as I saw no prospects of labor, I left.

I called again at 6:30 p. m. and found the same crowd still present. Behind the woman the ground had been excavated for her back, and from above a rope was hanging down. She was still sitting up, but the pains came more frequently, and at each one the woman would catch the rope, double over and moan, until it was over. The amusing part of this was that she was talking and smoking a cigaret between pains. How does this compare with our white women?

I left after three-fourth's of an hour and the child was born the following morning at 4 o'clock. I was not present, but was called to treat a retained placenta. She was up and around the third day.

As this is my first attempt at "journalizing" I trust my brothers will overlook any errors, as I am still a "greeny," but willing to learn.

EMIL KRULISH.

Tuba, Ariz.

TOBACCO, ITS EFFECT ON THE HUMAN SYSTEM AND ITS TREATMENT.

The Teeth.—The opinion is greatly prevalent that whatever may be the other effects of tobacco it certainly preserves the teeth, when chewed; however, it is not difficult to show that this is far from correct, for the chewing of tobacco makes the gums loose and spongy and hastens their destruction. It is true the teeth of some tobacco chewers do not ache, as the tobacco stupefies the nerves, and there are others whose teeth are not decayed, but such cases are rare and are

due to extraordinarily strong constitutions and hereditary tendency to non-decay of the teeth. But even if the teeth do not decay, they wear out very fast.

The Voice.—Tobacco when used in the form of snuff and chewing tobacco seldom fails to impair the voice by obstructing the entrance of air, and by drying the nasal membrane in smokers it has a similar effect. The smoke of tobacco contains many fine particles of the weed itself which lodge in the passages and thereby produce weakness, tremulousness, hoarseness, and a harsh, thick, and heavy voice. Especially is this the case with public speakers who use tobacco to excess.

The Senses.—Of the injury to the senses by tobacco there can be little doubt. (1) It injures the taste and gives a craving for stronger foods and drinks and leads to intemperance. (2) It impairs the smell, as there is no question, if you will notice how our boys of today smoke the vile cigarets and blow the smoke through their noses after inhaling it.

The Sight.—How seldom do we find a snuff taker or a tobacco chewer whose eyes are not more or less affected, and no wonder. If you look at the number of young men today who wear glasses and inquire the cause you will find many who will say it is due to excessive smoking of cigarets and the blowing of the smoke through the nose.

The Hearing.—This is so common a consequence of snuff taking and the inhalation of the smoke of cigars and cigarets that I need but to mention it. I know a personal friend who is afflicted that way through the inhaling of tobacco smoke.

The Appetite.—It has already been shown that the use of tobacco in any form injures the sense of taste. Now it is a general rule that whatever injures the taste tends also to impair the appetite.

Somnolence is manifested in atrophy of the thyroid — myxedema — and insomnia in hyperthyroid — exophthalmos.—Arnold Lorand.

The accepted views on medical subjects are never absolute facts but simply the handiest working theories.

Digestion.—On this point we have the testimony of Dr. Stephenson who has proved to the most unprejudiced mind that the immense quantity of saliva expended during the use of the cud and pipe retards the digestive processes, producing flatulence and sour stomach; therefore it is a mistake to suppose that smoking aids digestion. The very uneasiness it were desirable to remove is occasioned either by tobacco itself or by some other means; therefore, it has a tendency to produce dyspepsia instead of aiding digestion.

Thirst.—Those who use tobacco habitually in any of its forms are often apt to be thirsty and after a while "water will be too thin," as the old saying is, and there will be a craving for something stronger, such as beer, and then whisky.

Intemperance.—That the use of tobacco leads many to intemperance there is no doubt, as the person who uses tobacco gets a dry and thick tongue which gives him a desire to drink; although he may feel satisfied with mild drink, as soda or water, he soon develops a desire for something stronger and in that way it leads to intemperance.

Leads to Various Diseases.—Although it may only lead to intemperance, which is a desire in itself, it will surely give the user of tobacco a catarrh of the nose, throat, middle ear and stomach and by the nicotine absorbed into the system lead to vertigo, tremors, dyspepsia, chorea, epilepsy, deafness, aphonia, hypochondria, consumption, cancer of the tongue and insanity, also tobacco heart. Therefore, who can doubt that tobacco in each of the various ways in which it has been used has destroyed more valuable lives and the health of more useful members of society than any other drug, excepting morphine and whisky.

As to its *treatment* the first thing to do is to break away from its use at once, or if

this cannot be done, then gradually. Those who chew may find comfort in chewing a compound called cocabola, but the best agent to lessen the desire for tobacco is apomorphine, two granules of gr. 1-67 every two or three hours, enough to maintain a slight nauseant effect, when the patient will not have any desire for tobacco, this giving it a very rank taste. But the most reliance must be in the patient himself to leave off the weed and follow directions. If he feels weak you may give strychnine nitrate or sulphate, three or four granules, gr. 1-134, three times a day; and if there is pain in the heart with irregular action, give codeine, gr. 1-4, three times a day for pain and sparteine sulphate, gr. 1-6 to 1-3, three times a day. For irregular action it is self-evident to keep the bowels open with a saline laxative mornings. Other symptoms must be treated accordingly as they arise. As before said the patient must help the doctor and fight off the craving as much as possible, then after a while he will overcome the evil and get cured.

W. F. RADUE.

Union Hill, N. J.

SOME POINTED PARAGRAPHS.

For a few years I have given considerable attention to the use of alkaloids with the result that I now approach my acute cases with a feeling of confidence born of success.

It is among children especially that I have scored my greatest successes. After cleaning out, cleaning up, and keeping clean the gastrointestinal canal, the great object has been to bring about an equalization of the circulation and respiration, proper elimination and the "leveling up" of the nervous system; in other words, producing a condition of physiological equilibrium.

The tablet of calomel with aromatics is

Intolerance in matters of belief never indicates mastery of a subject but always shows narrow views and ignorance.

We spend millions to keep from buildings, and streets, bacteria that are constantly present in our mouths.—Wakefield, *Cyclopaedia*.

needed in almost every case. The sulphocarbolates in solution, sweetened with saccharin, do their work nicely and pleasantly. Where continuous catharsis is advisable, the saline laxative in solution with orange juice fills the bill.

Aconitine, veratrine and gelseminine, fortified or not, according to indications, by digitalin and strychnine, produce equilibrium of the circulation, while atropine and glonoin are found useful in many cases.

For general and not very great restlessness, without pain, the anodyne tablet of Waugh does the work, but cicutine hydrobromide is the "sheet anchor" wherever there is a tendency to convulsive efforts of the extremities or of respiration. Cicutine is synergistic to atropine in pertussis and to glonoin in spasmodic asthma. It works nicely with the children as a general calmative, fully replacing the disagreeable bromides. With it I have partially controlled the pains of rectal cancer and the convulsive movements of paralysis agitans.

With gelseminine I have used it with excellent effect in congestive dysmenorrhea, together with the sitz-bath, foot-bath and saline laxative.

Copper arsenite compound is a capital tonic sedative to the gastrointestinal canal, better after the use of the sulphocarbolates. Berberine muriate nicely follows the copper compound.

Quinine arsenate, with hepatic iridin, leptandrin and calomel, makes the road easy in the cure of malarial troubles, providing you interdict the use of milk, eggs, coffee and pastry.

Hepatics, with capsicin, hyoscyamine, and strychnine, give good results with alcoholics, first giving cicutine in full doses to quiet restlessness and delirium.

Brucine is an advisable bracer for children, while calx iodata will do the work in

spasmodic croup, properly administered in hot water, mustard pediluvia used as an adjuvant.

Hyoscyamine and strychnine together nicely equalize the circulation in appendicitis after the acute symptoms have subsided. Bryonin with aconitine for serious inflammations leaves nothing to be desired.

Apomorphine muriate is a capital expectorant in bronchitis of children, aconitine being administered for the fever, the mixture sweetened with saccharin. Brucine as a bracer assists in resolution.

Calcium sulphide is the greatest systemic remedy for all cases, and combined with triple arsenates is the best reconstructive.

Baptisia is a capital remedy when the system seems almost completely overwhelmed with sepsis, especially if the tongue be coated brown, is irritable, and cracked.

Anemonin with gelseminine gives good results in congestive dysmenorrhea and in all pelvic congestions.

Caulophyllin softens the rigid os and facilitates labor.

Buckley's uterine tonic is an all-round remedy for pelvic diseases of women; and Waugh's anticonstipation granules do the work, provided proper directions as to dose, diet and hygiene are carefully followed.

The alkaloids and their combinations are the most dependable remedies I have ever used. For their successful use, the physician must be a good diagnostician, a close observer and have an especially good knowledge of their physiological and therapeutical actions.

HORACE R. POWELL.

Poughkeepsie, N. Y.

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Here is concentrated therapeutic information of the most valuable kind. Give us more of it, Doctor, and we hope that others

Despite our knowledge that decayed food is pathogenic, tainted and putrid meats are continually sold in large cities.—Wakefield, *Cyclopaedia*.

In proportion as they have gone daft on "parasitogenesis" they have neglected other etiologic factors.—Wakefield, *Cyclopaedia*.

of the "family" will contribute helpful items garnered from their experience.—ED.

USES NOTHING ELSE.

Four or five years ago I commenced using the alkaloids, feeling my way cautiously and studiously. Today I am using nothing else, keeping and dispensing them myself. I now easily get results that were utterly impossible under the old "bucket shop" regime.

I hope that ere long I shall be able to report some cases illustrating the uses I make of the alkaloids and the results obtained, as well as some statements on the use of certain remedies, for instance chlorodyne, anodyne for infants, caulophyllin, etc.

M. W. C. FRAZIER.

Carrizo Springs, Texas.

A WORD OF CHEER.

If you will examine your subscription list you will see that I was one of your earliest subscribers. Well do I remember the first copy of the CLINIC which you sent me. It was a little two-by-four journal with eight or ten pages of reading matter. I read it and was convinced at once that your system of medicine was the correct one. During all these years I have been a regular subscriber and have witnessed with great pleasure the rapid growth of the CLINIC.

Owing to bad health I don't practice much, but I have enjoyed reading CLINICAL MEDICINE. The good Book somewhere tells us that "They who tarry by the staff shall have an equal share with them that go to battle." As I have tarried by the staff, standing calm and serene with glass in hand, I have watched you leading a brave little army of therapeutic optimists against the mighty hosts of error and prejudice. I

have witnessed your charges and counter-charges. I have seen your splendid flanking attacks; I have seen you take by storm the best fortified positions, and today, as I look through my glass, I see that you have demolished the breastworks. You have routed the enemy, horse, foot and dragoons. They are fleeing in every direction. You have captured thousands and thousands of prisoners and the best part of it is that these prisoners are now enlisting under your banner and will fight with your army in the future.

Mighty and wonderful has been your success in this war of truth against error and prejudice. Long after you have been gathered unto your fathers, men and women will rise up and call you blessed for the good that you have done in this world.

C. S. WEBB.

Loochapoka, Ala.

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Thanks, Doctor, for your most helpful letter. We trust that the last edition of the JOURNAL which reached you was more entertaining than the first. We are going to try to improve it steadily until THE AMERICAN JOURNAL OF CLINICAL MEDICINE stands for all that is best in periodical medical literature. Indeed, Doctor, you overestimate our victory. We have, indeed, done something; but the enemy is rallying behind the inner fortifications for a last stand and we are going to meet repulse after repulse from the hands of bigots, worshipers of what has been, and precedent, before we can overthrow the obstacles to medical progress. The next generation will see Positive Therapeutics firmly established. We wish, indeed, that we could live long enough to see the whole profession practising rational therapeutics, using the active remedies in small doses to effect and acclaiming with one

The administration of diphtheria antitoxin in cerebrospinal meningitis is theoretically unsound and practically a failure.—Osborne.

Maybe "The Jungle" is untrue, but it will do no harm to carefully scrutinize the quality of the meats furnished you.

voice that which so many of them today refuse to recognize, or even test!

We trust, Doctor, that you are right in your last conjecture. At present, as you may have noticed, some men and women, instead of rising up and calling us "blessed," are trying to "skin us alive." Indeed, some of the Philistines are not satisfied with skinning, but are eager to pour hot oil on the abraded areas! However, the aftermath of the martyr is said to be a pleasant one, and we are so constituted that we can enjoy ourselves even while being skinned!—ED.

CALCIUM SULPHIDE IN SCABIES.

Mr. S., age 45, woodsman. Patient came in from a lumber camp December 18, with a bad case of scabies. Itching was intense and by scratching he had transferred the infection to his whole body. The scratching had also resulted in a secondary infection, these lesions resembling impetigo contagiosa and apparently due to some kind of pus cocci. The patient was literally covered all over with papules, excoriations, crusts, etc.

I gave him fifty 1-2-grain calcium sulphide pills with directions to take one every hour till saturated; then one every two or three hours. For the itching I gave: Menthol, gr. 10; acidi carbolici, gtt. 10; petrolatum (liquid), oz. 1. M. Sig. Apply over whole body.

I made one application at the office and relief from the intense itching was almost instantaneous. I did not see the patient again, but his sister who lives in the village here told me that recovery was complete within a week.

In ordinary cases of scabies I use no medication except an ointment of ammoniated mercury of about seven or eight per cent strength. I order a warm bath with castile

soap. Then while patient is warm I have him rub in sufficient of the ointment to make skin greasy. Rub in well. Repeat every night. As a rule two or three applications suffice.

Besides being antiparasitic and healing I find it more efficient than treatment by sulphur, creolin, etc. Results are so quick and positive that patients are pleased. In my short practice here I have had several cases of scabies formerly treated by neighboring doctors with sulphur, creolin, etc., and which promptly responded to ammoniated mercury ointment.

FREDERICK J. SCHNELL.

Burlington, Pa.

THE DOCTOR AND THE DOLLAR.

A paper having this title was read at a recent society meeting by Dr. T. A. Stevens, of Caney, Kansas, and is published in the January number of the *Oklahoma Medical News-Journal*. In this article Dr. Stevens lays proper emphasis upon the necessity of a physician conducting his business in a business-like way. While he should never falter between the claims of personal benefit and the common good, he owes a duty to himself and to his own; if he does good work it is but just that he should have adequate compensation.

Within the last few years the expenses of living have greatly increased, competition in the profession has become more keen, and as a rule the physician has not shared as he should in the general prosperity. Fees should be larger. Patients should be informed of the proper charges for service, if necessary through hanging a "fee bill" in the office.

Dr. Stevens believes that many a patient would gladly pay a larger fee if the matter

Thiosinamine is markedly beneficial in ear disease with new connective tissue, which is rendered more pliable.—McCullagh, *Merck's Arch.*

Thiosinamine should always be accompanied by mechanical measures; it is as useful by the stomach, as by hypo.—McCullagh, *Merck's Archives.*

was presented to him in a proper light. As an illustration he tells the following story:

"Several years ago a gentleman came to me suffering from a chronic ailment. I examined him, furnished him medicine, and charged him a dollar. After paying the fee, he exclaimed: 'Jerusalem, I live sixty miles south, paid four dollars for a team, three dollars for hotel and horse feed, I will be out three days from my work, and the thing I came for cost me a dollar!' I have not seen that man since and do not think he has recommended me.

"Another in later years came to me from a town forty miles distant, with the same ailment. After spending some time in examining him, I told him, that I understood the case and would treat it, giving my best attention if my terms suited. He promptly wrote me a check for sixty dollars. He has sent other patients from whom I have collected about one hundred dollars."

This is a view of the situation which should commend itself to every man who, conscious of his ability to do good work and doing it, finds that the "balance at the bank" is against him. Have the best there is in books, office equipment, instruments and drugs. Your patients will appreciate these things and with the knowledge, that the "home doctor" is preparing to give them the best things to be had in the healing art, they will pay generously for them—most of them willingly—if you give them the right kind of invitation. A good doctor deserves good pay! Don't be a "dub."

THERAPEUTIC EVOLUTION.

Therapeutics has never been so misunderstood or imperfectly applied as at the present time. Whatever the leaders in medical thought may say, the people want

and demand and believe in the efficacy of drugs. And their wishes must in a measure be respected. If we do not prescribe for them they will either go to those who will, or go to taking patent medicines.

In the present day it is more to know what not to prescribe than what to prescribe. This is an age of therapeutic jumble. The methods of frenzied finance seem to actuate most of the manufacturing pharmaceutical concerns. The physician should deal only with houses which he knows to be reputable. Like all reforms, order and accuracy will eventually come out of this chaos. The most essential thing to success in medicine, is the use of pure drugs, of known physiological action, intelligently prescribed.

J. C. LARKIN.

Hillsboro, O.

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The last sentence in Dr. Larkin's letter ought to be emphasized again and again. No factor is so conducive to therapeutic nihilism as the use of remedies which can not be depended upon—which are indefinite and uncertain in action, of constantly varying effect. Given a doctor who *knows* what effects he wishes to secure, knows the remedies which meet the indications, then give him reliable remedies and he will never become a skeptic.

If the doctor knows what to prescribe, the chances are that he will know what to let alone. That's the solution of the jumble—to know. The faculties of our colleges ought to be impressed with the great responsibility which rests upon them in the training of men who can go out into the world really prepared to meet the every-day problems in the healing of disease. After all, the people pin their faith to the man who accomplishes something.—ED.

Thiosinamin is useful in vertigo; should not be used when the new connective subserves useful purpose.—McCullagh, *Merck's Archives*.

Better results may be obtained from thiosinamine in tinnitus aurium than from any other drug as yet used.—McCullagh, *Merck's Archives*.

AMONG THE BOOKS

SOWERBY'S PSYCHIC PHENOMENA.

Psychic Phenomena in the Light of the Bible. Ten Studies, Cloth Bound, \$5.00.

This book was sent us by the Sowerby Psychic Study Company, located at Lansing, Minn. Its founder and president is Rev. J. H. Sowerby, Canton, Ill. The book is not a mere apologetic effort, as one might conclude from the title, but is a system of therapeutics with no material means. Of these not only are the usual theories of suggestion and mental science presented, but in showing the efficiency of prayer, distinctive Christian spiritual hypotheses are presented. The work is written in a quiet, persuasive, truly Christian-gentlemanly style. It is devoid of all fanaticism and rabid repudiation of physicians and medicine, which is the usual stock in trade of all psychic healers on the market. The psychic base of the work is the evangelical system of doctrine and faith, such as the creation of Adam, his fall in sin and redemption from it through Jesus the Christ. This may sound strange to many of our readers. It is not so to the writer of these lines, who therefore commends the book to them for their psychical studies, which no progressive physician can now neglect.

INTERNATIONAL CLINICS.

The International Clinics, Quarterly, Vol. I. Sixteenth Series, 1906, is another fine and timely instructive number. We often thought of the good results for the progress of medicine there would accrue if a table of contents of such a number as this could be

placed in the hands of every studious physician in the land. And we do not remember in the last ten years of any single number of this quarterly that did not interest us enough to make us desirous of its wide spread. This number gives us the last and the best in Treatment, Medicine, Surgery, Obstetrics and Gynecology, Pathology, and a Handy Record of the Progress of Medicine during 1905. The illustrations and plates of this volume add much to the instructiveness of the articles. No two dollars any physician could invest more profitably for himself and patients than in this volume. Publishers, J. B. Lippincott Company, Philadelphia.

HUTCHISON'S FOOD AND DIETETICS.

Food and the Principles of Dietetics, by Robert Hutchison, M. D. Edin., F. R. C. P. with plates and diagrams, revised edition, 1906, is a most important informing help for the daily practice of physician and surgeon. A thorough knowledge of the *materia alimentaria* is as needful as that of *materia medica*, and more so, since a proper diet in health is promotive of its continuance, and thus a prophylactic against disease. The subject is not new, and yet it is astonishing how little physicians know about it, how little they were taught about it in their schools, and how little they apply the truths of alimentation in their practice, except it may be in putting their fever patients on a negative diet. But we congratulate ourselves now on beginning to be informed of how ignorant we are on the subject of diet, and are willing to learn from our masters of this science at home and

abroad. As informing in the science and practice of alimentation in health and disease, Dr. Hutchison's book stands foremost. You can refer to it on any question appertaining to diet, and you will always find it the happy, middle, and just way. We are inclined to say that no physician can afford to be without this book in practice.

Publishers, William Wood & Company, New York. \$3.00.

ELLIS'S DEMONSTRATION OF ANATOMY.

Ellis's Demonstration of Anatomy, being a guide to the knowledge of the Human Body by Dissection. Twelfth edition. Illustrated with 300 engravings, seventy-five in color. New York, William Wood & Company, 1906, \$3.50.

The writer of this greets this work as the friend of his first studies in medicine in the fifties of last century, his constant companion in the dissecting room. It was the fourth edition we worked with, which, excellent as it was then, is surpassed by this twelfth edition, by the colored and uncolored illustrations, and the extensive index. Long may this work live to help and guide those who conscientiously lay the foundation of their medical life in Anatomy, than which no other one can be laid.

PROGRESSIVE MEDICINE.

Progressive Medicine, Vol. I, March, 1906, is a fine number. The first 136 pages contain a most valuable account of the progress surgery has made up to date in its ever bold and life saving work in the organs situated in the head, neck, and thorax. It is written by Prof. Charles H. Frazier, of the University of Pennsylvania, in a lucid and attractively simple style. He drew upon the records of all countries in

his given accounts, and while these are immediately useful for the surgeon, the every day progressive physician will do well to read this article, and who knows but he may find there hope for some patient of his whose malady is baffling his best efforts.

The next seventy-nine pages are by Prof. R. B. Preble, on Infectious Diseases, including acute rheumatism, croupous pneumonia, and influenza. The pros and cons as to the infectiousness of these diseases must interest every physician.

The next article is by Prof. F. M. Crandall, of the New York Polyclinic Hospital, on Diseases of Children, among which he writes also about "infant foods," and if he counts them as an endemic disease we are inclined to agree with him, for much of it grows out from a vicious prophylaxis of personal beauty. The subjects of breast feeding and infant feeding are discussed to the end of the article. That these subjects are of vital unexcelled importance in medicine, and not less in social morality, has long since been recognized in the land of profound though not always impartial thinking, Germany, where associations exist for the promotion of natural breast nursing. It is time we had such associations here too.

The next article on Rhinology and Laryngology is by Prof. D. B. Kyle, of the Jefferson Medical College, Philadelphia. That name is sufficient guarantee of all-sidedness, which is science, and of practicality which is available, in those subjects where the author is Master Specialist. And where is the physician who has no need of learning the last said about these prevalent everyday diseases?

The last article, that on Otology, is by Prof. B. A. Randall, of the University of Pennsylvania. An exceedingly valuable article recording remarkable progress in the

Many patients taking thiosinamin find hearing improved, in many cases this is decidedly marked.—McCullagh, *Merck's Archives*.

Nothing compares to kerosine enemas to break up fecal impactions. It is absolutely painless and harmless.

treatment of this compressed, complicated, and concentrated organ of the body.

Publishers, Lea Brothers & Co., Philadelphia. \$6.00 per annum.

BAILEY'S DISEASES OF THE NERVOUS SYSTEM.

Diseases of the Nervous System Resulting From Accident and Injury, by Dr. Pearce Bailey, of Columbia University, New York.

This is a book of vast importance in our day of unavoidable and frequent accidents and injuries: The author gives us here the latest great advances made in the semeiology, diagnosis and prognosis of nervous diseases and their treatment too. He has done excellent service with this book, not only to practical medicine, but also to its forensic branch. He writes impartially and casts no suspicion on every claimant, as is the manner of corporation lawyers and corporation physicians too. The book is therefore of great use to the legal profession, and our readers will do well to call the attention of their legal friends to the book.

Publishers, D. Appleton & Co., New York, 1906, \$5.00.

LAUMONIER'S NEW METHODS OF TREATMENT.

New Methods of Treatment, by Dr. Laumonier, English translation by Dr. H. W. Syers (Cantab.)

It will be a long time before the remedies and methods of treatment which are doing good service to some of the profession in the world will be spoken of in our usual books on *Materia Medica* and *Therapeutics*, and when they will appear in our official books of that kind Goodness only knows! Meantime the wideawake, progressive physician,

wants to know the latest and the best, and to try them. For this purpose the book of Dr. Laumonier is just the book. I can only give the reader the headings of the chapters so that he may know the wide extent of the remedies: Nutrition, Alterants, Blood Alterants, Mineralizing and Demineralizing agents, Respiratory Alterants, Renal Alterants, Vasomotor Alterants, Opothrapy, Serothrapy and Vaccination, Nerve Alterants, The Antipyretics, The Antiseptics. The new remedies under these heads are discussed in a clear and instructive manner, for timely practical use. Publishers, W. T. Keener & Co., Chicago, 1904, \$2.50.

JUETTNER'S MODERN PHYSIO-THERAPY.

Modern Physio-Therapy, A System of Drugless Therapeutic Methods, Including a chapter on X-Ray Diagnosis. By Otto Juettner, A. M., M. D., Ph. D., Professor of Practice at the Cincinnati Post-Graduate School of Physiological Therapeutics. Published by the Harvey Publishing Company, Cincinnati. Price, \$6.00

It has now become almost a necessity for the modern physician to be equipped with electrical and other apparatus for the non-medicinal treatment of disease. While there are many excellent works on hydrotherapy, massage, electrotherapeutics, the x-ray, etc. there has long been need of a work which shall meet, in a single volume, the needs of the general practitioner. This Professor Juettner's book accomplishes. In its 500 pages he considers personal hygiene, dietetics, the effects of cold and heat including hydrotherapy and the dry heat method of treatment, mechanico-therapy, including massages, Swedish movements, osteopathy, vibration, etc., the therapy of light, electricity

The writer took two quarts of kerosene by enema for impaction; never knew it was anything but water till it passed.

The human heart beats 100,800 times a day, forcing $7\frac{1}{2}$ tons of blood through the vessels in that time.

in all its therapeutic forms, and the x-ray in diagnosis and treatment.

The last 200 pages of the book constitutes a Therapeutic Index in which different diseases are taken up in their alphabetic order and methods of treatment falling under any of these so-called "physiologic" methods outlined. The first half of the book is therefore given up to the discussion of principles and technic; while the second half puts these facts into practice. The arrangement is admirable and cannot fail to appeal to the busy physician who wants things in a nutshell.

On the whole we find Professor Juettner's book admirable. Its tone is generally conservative yet optimistic. He presents his facts in a most readable form, one which will make the book pleasant as well as profitable for study. With this book in hand, together with real enthusiasm in the matter of medicinal therapy, the enthusiastic physician ought to be able to do splendid work. We can most heartily recommend this excellent book.

DE SCHWEINITZ'S DISEASES OF THE EYE.

Diseases of the Eye, by Prof. G. E. De-Schweinitz, of the University of Pennsylvania, fifth edition, revised and enlarged.

We had the pleasure of reviewing the fourth edition of this excellent and convenient Handbook of Ophthalmic Practice in the January, 1902, number of the CLINIC and gave it then the honest meed of praise. The present edition exceeds in excellence the one preceding it by the addition of new material that has accumulated in ophthalmology during the four years, and by the recasting of the older matter in bringing its etiology, diagnosis, and treatment up to date. If the proof of the pudding is the

eating thereof, and if the profession knows a good thing when it sees it, and if so be, as we quoted then, that "you cannot fool all the people all the time," then this Handbook, which began its career in 1892 and maintains its excellence up to date, deserves all the good we said and say about it. Publishers, W. B. Saunders Co., Philadelphia, 1906. \$5.00 net.

FOWLER'S OPERATING ROOM AND THE PATIENT.

The Operating Room and the Patient, by Dr. Russell S. Fowler, of the German Hospital, Brooklyn, N. Y.

Not a little does the immense success of modern surgery owe to microbiology, ante- and asepsis, and along with these to the modern preparation of the room, assistants, nurses, and patients, before operation, and attention to post-operative treatment. We are old enough to remember some of the bold surgeons of the last half of the last century from its beginning, whose pother and talk and fault-finding all around during operations for which they did not prepare, disgusted us while we assisted them. And some such surgeons survive, alas, to this day. Surgery is now practised by the general practitioner on cases on which he would not only a little while ago, and this because his own better training and that of nurses, and aseptic prophylaxis, enables him to do so. Therefore to all those that are on the field already, and to those who are preparing to take it, we most urgently recommend this special monograph in surgery, which gathers up useful and reliable information, scattered in many volumes of many languages, in one small, handsome, handy volume, excellently illustrated and printed. Publishers, W. B. Saunders Company, 1906, Philadelphia. \$2.00 net.

The heart passes 30 pounds of blood through the vessels every 3 minutes; lifting a ton 122 feet every day.

Almost without exception improved physical condition was followed by improved mental and moral condition.—N. Y. Schools

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES.

QUERY 5041:—"One of Those Minor Objections:" "Phthisis." I have been quite slow to espouse alkaloidal medication. I can say I like calx iodata. This far I am pleased but can't say for many of those little granules that I am. One of my greatest objections is they are troublesome to handle. If they get loose from you they are gone—too "rolly." I think if you put them up in disc for me they would suit me and all others much better. Now, I have been considering the literature on nuclein and would like to test it in a case of consumption. Would like a suggestion from you in CLINICAL MEDICINE on this disease or personally.

H. A. S., Tennessee.

If you will settle down and make a *thorough* test of alkaloidal methods you will wonder six months from now that you ever made the criticism you now advance. If there is any method of medication simple, easy of exhibition and convenient, it is certainly the alkaloidal one. The granules permit a man to carry 100 or even 200 different drugs with him, in fact, he can have a couple of dozen emergency remedies in his breast pocket at all times and even the most peevish child or smallest infant will take the sugar-coated granules and make no fuss about it. Furthermore, the patient can take his medicine in the field, office, school, church or other place at the proper time and in exact dosage. No need for spoons or glasses, no possibility of settling or variable strength. Just the right dose at the right time and a certainty of positive and prompt action. The doctor who diagnoses closely and gives the right remedy for

the conditions present, at frequent intervals, *to effect*, cures his patient (thus producing results) while the other man is wondering how his prescription is going to work. Success is its own advertiser and the man who cures, usually controls the business of his neighborhood. Go into the thing earnestly; read the "Primer" in the Digest, study THE AMERICAN JOURNAL OF CLINICAL MEDICINE from month to month and place your most difficult cases upon active-principle treatment. If you desire assistance at any time call upon us and six months from now write us again and we will compare reports. Unless you are entirely different from some seventy-five thousand other busy men, you will say, "I would not go back to the old method of practice for the world." Bear in mind, Doctor, that these preparations are put up in granule and tablet form (and lately in tablet-triturate form as well) so you can use any one of the three as occasion may demand.

We have written at length upon the treatment of phthisis pulmonalis and will take pleasure in sending you a reprint of our paper. Each case, of course, must be treated according to conditions, but the use of the antituberculosis formula, calx iodata, nuclein, the triple arsenates and nuclein, with the inhalation of eucalyptolized steam (or formalin vapor), forced feeding and an open-air life are the main features.—Ed.

QUERY 5042:—"A Stubborn Case of Asthma." I desire to ask your advice about

a severe case of asthma that is at present under my care. The case is as follows: A regular practitioner of this city (one of the best known specialists) aged fifty-five, had the grip five years ago and became much worn out but continued his practice. He began having asthmatic attacks at this time and has had them ever since. It is typical bronchial asthma, apparently, with no cardiac, urinary or nasal etiology. He has been examined and treated by many of the most eminent specialists of this city, Baltimore, and Philadelphia, with very little benefit. His nose has been operated on several times with no effect, but he has a polypus at present that we are going to have removed. He is very much disturbed and depressed over his condition, as he has had to entirely give up his practice. Climate and the change of the weather have no effect on his asthmatic attacks. His diet and condition of his stomach have very little influence on his disease. Gastric lavage does not help him. Iodine preparations act very readily upon him so that he cannot take very large doses of any of them.

If there are any other questions that you would like answered we will gladly send them on, but please send me a full outline of treatment or direct me to a full statement of your views.

H. M. T., Washington, D. C.

The removal of that polypus will probably mean a good deal. The urine in this case must be examined. Also, give us briefly a description of the patient's physical condition; pulse rate, heart sounds, condition of skin, tongue, amount of food consumed per diem, amount of waste passed in twenty-four hours. Let us know if there is any abnormality of the fauces and if the laryngoscope reveals anything unusual. Carefully auscult over the bronchi and diagrammatically outline any diseased areas. In the meantime, Doctor, give this man strychnine arsenate, hyoscyamine and apomorphine, one each in a little hot water every fifteen or thirty minutes until relief is experienced, then every three hours give

strychnine arsenate, gr. 1-67, digitalin, one granule, and calx iodata one. Iridin, calomel and podophyllin of each gr. 1-6, at six, seven, eight, and nine p. m., every third night; add the bile acids to the last dose, a saline draught each morning before breakfast, and between meals boldine, two granules, scutellarin, three, cypripedin, three. Keep the nose and fauces cleansed with an alkaline antiseptic solution and we think you will soon find marked improvement.—ED.

QUERY 5043:—"Severe Third-Degree Burn Affecting Face." A man, 24 years old, had a fit, fell in the fire, all his nose is burned off; one eye out; chin, lips, both cheeks and one-half of scalp is burned off to bone. It is now ten days since he was burned. He is doing fine, but I wish you would tell me the best healing application. Remember the size of burn—one-half the scalp, all the face, chin and lips, deep!

R. D. B., Oregon.

The best dressing for this case must more or less depend upon the conditions present. One thing is quite certain and that is, that extensive skin grafting will be essential. If you have any amount of pus, with a camel's-hair brush, about one-half inch wide, go over the entire area with peroxide of hydrogen, or spray this on gently from an atomizer, then cleanse with warm boric acid solution, dry gently and apply turpentine pure (Merck) with the brush to every portion of the lesion. Cover with rubber tissue and gauze and repeat this dressing daily until not a sign of pus is to be seen, and granulations are abundant. We usually get this result in three to four days. There is no pain, Doctor, the turpentine acting as an anodyne. Olive oil, equal parts, may be added. Now irrigate carefully with boric acid solution, taking from some portion of the thigh or arm, pieces of skin the size of a pin's head, catching them

Scarcely any one is aware how deeply and quickly light alters the strength of drugs, if not protected by amber glass.—*Red Cross Notes*.

For sore, spongy gums, hold a grain tablet of zinc sulphocarbolate in the mouth till dissolved; repeat hourly.

up on a needle and severing with a pair of scissors or sharp scalpel. Place these over the denuded area one-half an inch apart and one-half an inch from the edges, then place over these a piece of rubber tissue perforated freely with pin pricks and dipped in warm boric acid solution, over this gauze three to four thicknesses soaked with bovine, over this again a large piece of rubber tissue to retain moisture, then cotton and bandage. Graft a portion of the lesion at a time. The stimulation set up causes rapid drawing in of the edges elsewhere. After three or four days place another colony of grafts. The dressing must be changed twice a day and every care taken as to aseptis; any grafts which die must be lifted off with a pair of fine forceps and new growths instituted. Nutritious food, beef juice, nuclein and the arsenates will be indicated. Be sure to keep the bowels and kidneys active and the pores of the skin open with daily baths of magnesium sulphate one ounce, water, one quart. You certainly have an extensive and dangerous lesion to deal with, but with great care, infinite patience and cleanliness you may bring him through—certainly disfigured, but still able to perform the duties of life. Do not hesitate to curet and trim and cut away any necrotic areas, especially around the orbit. Let us suggest that the nares be plugged with a quill around which wrap gauze or cotton soaked in an alkaline antiseptic solution. You will find the menthol compound tablet, one to twelve ounces of water, highly satisfactory.—ED.

QUERY 5044:—"Chronic Appendicitis." I have recently had two cases of appendicular trouble which I want to report. Both were males about 33 years of age, good habits, previous illness and family history has no bearing upon the trouble. About the only subjective symptoms were those of

intestinal indigestion whenever they ate anything like an ordinary meal. When I had them fast for two or three days they said they had no symptoms whatever. But as soon as they eat they have distention of abdomen and an "uneasiness" or "misery" in lower abdomen. At times they say they can feel something "give" or "tear loose" in neighborhood of appendix. Upon examination with deep pressure over McBurney's point I find tenderness. This was present at all times whether fasting or not, but of course was worse when not fasting. My diagnosis, chronic appendicitis, but what gets me is they never had an acute attack, never had any fever, acute pain, etc., and could keep on their feet all of the time. Lately they have had same diagnosis given them by famous surgeons, and have had their appendices removed and both are apparently well. I find no text-book I have describes the condition, i. e., a chronic appendicitis without first having the acute form. Neither of the patients could tell exactly when the trouble began, it was so insidious. Where can I find something upon the condition described, or is it something new? I think not.

B. W. G., Mexico.

The condition you describe, Doctor, is not at all new, the *acute* attack, of course, *has* occurred, but has been of so mild a character as to practically escape observation. Deaver in his work "Appendicitis, Its Diagnosis and Treatment," says, on page 248 in the chapter on "Chronic Appendicitis:" "Besides these two well-known states there is another wherein the appendix gives constant trouble, but is never the seat of an acute attack proper." He then goes on to discuss just the condition you mention. If you are at all interested in appendicitis you should get Deaver's work, the third edition of which is now before us. He also has an excellent companion volume on "Diseases of the Prostate." Give olive oil, with hydrastin and strychnine to improve intestinal tone and the sulphocarbolates to

To keep the brain in good condition use it constantly to the safe limit of its capacity.—*Med. Times*. Also the body.

While Servia has 575 centenarians and Iceland 578, Denmark has but 2, Germany 78, and Great Britain 192.

effect. A digestant *pro tem* will help in these cases.—ED.

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 QUERY 5045:—"A Leaky Bladder and Supposed Spermatorrhea." A young man about 21 years of age has a "leaky bladder" and every time he urinates or has a movement of the bowels, ejaculates spermatozoa. What treatment would you recommend for this case?

T. W. W., Colorado.

We are not sufficiently familiar with the physical conditions to prescribe positively for this case. Is the patient a masturbator? Is there any prostatic involvement or abnormality that you can discover? Has he had gonorrhea? What condition is the urine in? You had better send a specimen for examination. In the meantime let us suggest that you give arbutin one grain with three minims each of specific tinctures of staphisagria and thuja every three hours and three times daily, at equal intervals, cantharidin, one granule, strychnine arsenate, gr. 2-67. Bathe the parts with hot and cold water alternately, morning and night. Go into the deep urethra with a full-sized cold steel sound. If there are any hemorrhoids or rectal fistulae, correct these abnormalities. You will probably find that the material ejected during stool is not semen at all but mucus or prostatic fluid.—ED.

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 QUERY 5046:—"Development of Breasts." How can a woman with practically no bust develop the breasts. She has tried vacuum developers, massage, etc. Baby born three years ago could not be nursed and had to try twenty or more "baby foods." The woman is very anxious to get normal breasts, so please do not put this in the waste basket but help us out if you can.

D. E. S., Pa.

So far as our knowledge extends there is no possible way of "causing breasts to be where no breasts are intended to grow."

The specific remedy for flatulence is not charcoal, which may obstruct, but physostigmine followed by berberine.

Some women are devoid of normal mammary appendages; in others the glands are undeveloped and practically rudimentary, while in a third class they are simply small from lack of circulation and imperfect innervation.

In the latter class we can do much: in the former nothing. The use of vacuum developers, etc., is *jolly*—nothing more nor less. Try here deep breathing for five minutes three times daily; at the same time have the patient draw the muscles of the abdomen upward and inward. Let her swing the arms, raise them above the head, stand on the ball of one foot and raise the other hand as high as possible above head. Then with fingers extended above head let her stoop slowly forward from waist till she touches the floor. This will work wonders often. Every night *rub in* with circular massage the following formula: oil of peppermint, oz. 1-2; oil cajeput, ozs. 2; oil of sassafras, oz. 1; ext. saw palmetto, coca butter, lanolin, of each ozs. 4. Nourishing food, open air life and elimination of effete matter, with an active skin (give salt sponge baths three times a week) will do the rest.—ED.

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 QUERY 5047:—"Tinnitus Aurium and Partial Deafness." I have some fractious cases of "head noises" and partial deafness with somewhat vague and dubitable results. Can you help me out? If anyone of the "family" knows of any successful treatment and can lend me a helping hand it will be gratefully appreciated. I may be able to reciprocate.

A. J. T., Wisconsin.

Head noises and partial deafness may be caused by a variety of disorders. A minute examination of nose, throat and ear is essential before treatment is instituted. Politization of the eustachian tube, examination of the tympanum and ossicles together

Eureka! That condemnable tickling cough at night that's pestered me for years quits before three defervescent granules at bedtime.

with removal of hardened secretions, nasal spurs and defects, etc., of course are all of primary importance. If you will examine your patients and give us a succinct but full description of conditions we shall take pleasure in making suggestions. In very many instances a course of the arsenics with calx iodata proves useful and if there are any adhesions of the ossicles thiosinamin proves promptly efficacious. Plantain oil is often useful in chronic cases; instil gtt. 2 to 4 every night and morning.—ED.

QUERY 5048:—"Treatment of Burns and Scalds." I will appreciate your kindness in favoring me with the name of your favorite remedy for the relief of burns and scalds, especially such a preparation as will afford relief to pain of same in the shortest time.

W. McL., Canada.

The treatment of burns is a somewhat complicated matter at best, the "best application" depending naturally upon the stage of the burn, and the degree. If the skin is destroyed nothing gives more prompt relief than carbolyzed oil—one part to twelve of acid to olive oil may be well used *first* to limited areas; later, one part to fifty. A reasonably small burn may be painted with pure carbolic, then covered with lint soaked in the milder solution; relief is prompt and lasting. Orthoform may be dusted upon raw surfaces or applied in the form of an unguent—10 to 20 per cent. Picric acid is also useful but stains; small "picric acid pads" which can be handled with ease, can now be obtained from Johnson & Johnson.

In mixed burns prick all blisters, remove tags of skin and apply any of the above, or picric acid, dr. 1 1-2; alcohol, oz. 3; to this solution add 2 pints distilled water. After cleansing surface with cotton dipped in solution apply sterile gauze strips soaked in it. Bandage and leave the dressing in place for three days; soak in solution and

remove. Dress as at first and leave on for one week. A 1 to 200 solution is used also. Carbenzol, one part to four of alboline, in burns of first or second degree is unsurpassed; ichthylol is as efficacious and more expensive. The writer is accustomed to use one of the two last named preparations in minor burns and either carbolic acid or turpentine in third degree lesions. Paint with turpentine pure (Merck) and then apply olive oil and turpentine or turpentine and basilicon ointment. Always take pains to exclude air, and in using turpentine to avoid painting the uninjured skin. Aristol or eucrophen may be applied to superficial burns but they have a tendency (especially aristol) to cake, thus retaining discharges. Do not forget, Doctor, that elimination is of importance in all extensive burns and nuclein (with strychnine and digitalin) is always called for.—ED.

QUERY 5049:—"Should Quarantine Be Established Here?" In the following case, please state whether you consider quarantine was necessary, in other words, will you kindly give your opinion as to the probable diagnosis?

Child, aged 2 years, always healthy, had whooping cough when 1 year of age. Seemed feverish during the night of April 10, but, I believe, slept well; vomited on the morning of the 11th before breakfast; there had been no departure from the usual diet, and neither before nor after were there any signs of indigestion. On the morning of the 12th a rash was noticed on the chest; twenty-four hours later the chest was almost clear, but the abdomen and later the thighs were found to be affected. This rash was erythematous in nature, and caused but little local irritation. It gradually faded and by the fifth day had practically disappeared, and was not followed by desquamation. There was no complaint of "sore throat," but on examination the anterior pillars and palatine arch were distinctly congested, although the degree was but slight. It was

Irritative cough, at night, with a little tough mucus, doesn't show up if I take 3 defervescent granules at bedtime.

The pathology of night should be opposed by nocturnal therapeutics. Many diseases worsen during the night.

distinctly macular. The tongue was coated white with the papillae showing through. The highest recorded temperature was on the 12th, on which day the above points were noted on examining the throat and tongue. Pulse 120, same date. There was never any albumin in the urine. The only other child in the family was not isolated in any way, but failed to develop similar symptoms, nor did similar cases occur elsewhere. The present generation, however, has probably to a large extent acquired an artificial immunity in the case of both measles and scarlatina. In the case of the latter disease, six months prior to this time, failure on the part of the attending physician to recognize and isolate a sporadic case was directly responsible for several deaths.

"SUBSCRIBER."

We would give the verdict against your confrere. The writer would say "quarantine"—and give the neighbors the benefit of the doubt. Early quarantine in doubtful cases saves an infinity of trouble. Another member of the editorial staff, to whom the query was referred, says, "diagnosis somewhat doubtful but probably a mild attack of scarlatina, quarantine advisable," and a third member, who has had a vast experience, simply endorses your query, "quarantine in all such cases!" We publish the query and this answer for the benefit of the readers of the CLINIC and ask their opinion.—ED.

QUERY 5050:—"Injection Treatment of Hernia." Do you believe a hernia can be cured by any injection fluid? If so, what is the rationale of the treatment? I notice you have an advertisement for such a fluid in the CLINIC and I shouldn't think you would publish it unless you believed in it. Have you ever used any such treatment yourself? If so, with what results? Of course if there is any virtue in such a treatment I would be willing to try it, but would like to have some assurance from some one besides a manufacturing company.

T. L., South Carolina.

In asthma, nocturnal epilepsy, and rheumatism, a full dose at bedtime should supplement the diurnal medication.

Unquestionably, indirect inguinal and some femoral hernias can be cured by the injection method of treatment. The technic has been described in the CLINIC several times and we will again, at an early date, write an article upon the subject. There are many fluids which can be used, but the so-called "ideal" or "universal" formulæ are, perhaps, the most satisfactory. The "universal hernia fluid" has the following formula: Sulphate of zinc, dram 1; carbolic acid (cryst.), grs. 40; guaiacol, minims 60; powd. cantharides, grs. 25; fl. ext. quercus alba., fl. oz. 1; fl. ext. hamamelis virg., fl. oz. 1; glycerite of tannic acid, fl. oz. 1; glycerine, c. p. q. s. ad fl. oz. 5. Mix.

Here is another, known as the "fidelity" injection fluid: Acid carbolic (95 per cent), glycerin and alcohol, equal parts of each, tr. iodine q. s. to color to the color of sherry wine.

There are any number of other preparations, Albright of Philadelphia, in his work "The General Practician as a Specialist" gives these and the entire technic and a man can operate successfully if he follows the instructions given. There are no special syringes or needles required. The hernia is reduced, the parts are sterilized, and such fluid as may be used is drawn up into the syringe, the first or middle finger of left hand invaginates the scrotum, enters the external ring and locates the internal. With a quick thrust the needle of the syringe containing the fluid is pushed through the tissues into the canal, the finger tip in the canal feeling the point. Now the needle (*free in canal*) is pushed upwards towards the internal ring and the fluid deposited there (ten to twenty minims) scattering it around over the walls thoroughly. A simple truss is placed in position and the patient is ordered to keep quiet. There is some reactionary inflammation and more or less

Laufer believes remedies more effective at night because absorption is more rapid, elimination less rapid.

pain until adhesions have formed. The pain may be slight or severe according to the skill of operator and the fluid used. In a week or ten days, or two weeks, a second injection is made, usually lower down in the canal. In some cases a third is needed. The writer has seldom used more than two injections in young patients. Do not have the slightest doubt as to the efficacy of the injection treatment of hernia, but bear in mind, Doctor, that it is an operation requiring some skill and must not be attempted without a clear understanding of conditions and results which are desired. Take our advice and get Albright's book and study the matter thoroughly and then if you desire to ask any question, ask it and we will answer with pleasure. A physician in this city who has treated thousands of patients by this method (astringent injections) has recently devised a process which (in his hands, at least) seems to be giving good results. He has a very powerful syringe with a screw piston and he injects into the canal, or, rather, into the muscular tissue of the walls, cold paraffin wax; making, practically, a plug *in* the tissues themselves. The operation is done through one puncture, two or even three of these plugs being placed and the patient arises from the table with his hernia positively held. The writer has examined several patients operated upon and has aided in the operation upon one case and can vouch for the efficacy of the procedure, *but* if a man does not know his anatomy or gets careless he is apt to insert the big spike of a needle into the femoral vessel or make pressure upon some nerve of the cord, thus causing the man to lose a leg or foot, or his virility, or even his life. The operation is just one of those which requires skill, dexterity and a thorough anatomical knowledge of the parts. With these any man can cure a single or double hernia

The toxicity of remedies is greater at night when stomach and intestines are comparatively empty.—Laufer.

in an hour. Most of us would prefer to see the field and be sure of what we are doing. Some patients, however, refuse absolutely to submit to the knife and in such cases the injection method is our only resource. By all means familiarize yourself with the technic, Doctor, and harvest the money now going to the truss-makers.—Ed.

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QUERY 5051:—"Morphine Addiction." I am expecting to treat a case of morphine habit, female aged about 26, amount consumed not ascertained, mode of use hypodermically, time used about one year. Will you please give latest and best treatment to break up the habit? Both medicinally and hygienic, this favor will be appreciated.

S. C., Iowa.

The treatment of the morphine habit has been outlined by us in the JOURNAL several times—and at length; if you will look up your back numbers you will find some interesting articles. In a case such as you describe, first of all, get the patient under your own control and be sure that any drug she gets comes from you; also remember that *no morphine habitue can be trusted* when the deprivation period begins. First of all, clean out your patient; calomel, gr. 1-3, podophyllin, gr. 1-6, iridin, gr. 1-6, hourly for six doses; one hour after the last dose give a full saline draught and repeat in an hour or two. After the bowel has acted give a copious salt water enema (warm). Then exhibit saline daily and enough podophyllin and cascarn to insure free action of liver and intestine. Salt sponge or full bath daily if restless, *hot* bath at any time. Tonics always from the start; the triple arsenates with nuclein two after meals; juglandin, quassin and hydrastin, one each thirty minutes before eating. Avenin, scutellarin, and camphor monobromide, as needed to control nervous symptoms as drug is lessened. Small doses of hyoscyamine or atropine valerianate just as drug is getting

Close your eyes to all scientific therapy, trot out antediluvian trash as such, and—there's nothing in drug-therapy!

to *nil*. Never let the patient know when this occurs. Begin to reduce, giving less by one fourth each hypodermically, adding strychnine, gr. 1-67, always. After you have the patient down to gr. 1-16 of morphine push the avenin, scutellarin, etc., in full dose and give atropine valerianate to control sneezing, etc. Now cut dose *in half* and give this for one day. The next day try a straight strychnine injection and if patient is very nervous after and you cannot hold her till next injection give gr. 1-50 of morphine. When you can give this you can reduce and give nothing in two days. After morphine has been stopped two days tell the patient she has had none for some time and begin to reduce the strychnine fast. Encourage patient and "brace her" always. The personality of the doctor means a great deal in these cases and he must be able to distract the patient's attention from himself, tell true from feigned distress and be firm or yielding as occasion demands. Unless you have the patient under your direct control don't attempt to treat the case, you can only fail. We have them here and have yet to record a relapse. Individual symptoms require to be treated as they arise but elixir coca and elix. gentian comp. will be useful in nearly all cases—as adjuvants to the drugs mentioned. Enemas help a great deal and salt sponge baths and alcohol rubs during eliminative period are of great benefit.—Ed.

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 QUERY 5052:—"Alcoholism; Its Treatment." Patient of mine has always been addicted to drink and for a number of years has been a sufferer from pains in one or the other leg. Neurotic, I have always believed. They are periodical, especially when he drinks too much. He is of a very nervous temperament. I had a long talk with him the other day. He wants to stop drinking but he says he can't. He thinks it is a disease and has been corresponding with some

parties in New York relative to the cure of drunkards. They claim that they can by their treatment take away all disposition and appetite for drink. Now my friend believes as they do that it is a disease and they charge \$150, but he says he is not able to pay the price and he wants me to take hold and treat him, thinks that I can destroy that craving for drink and he is willing to pay a good price. Now, my dear Doctor, I recollect some years ago reading in the CLINIC where a brother doctor cured himself and others of that desire with medical treatment, but I have no index to CLINIC and have looked and looked in vain to find it. Will you please tell me where I can find his treatment, or perhaps better direct me yourself how I shall best proceed.

Please do an old alkaloidal friend the kindness to give him some help in this case as you have done before. He tells me that he is a constant drinker. Does not get drunk, that is, not to stagger, but is nearly always, under the influence of liquor.

F. H. A., South Carolina.

The treatment of alcohol addiction is simple enough if the physician in charge is determined, patient, kindly, and can adapt himself to meet circumstances and the patient is really desirous of being cured. First and foremost you must get the patient under your absolute control and must be sure that alcohol cannot reach him from any other source than your hand. Now give him a good hot bath, empty the bowels with a high enema of normal saline solution and give calomel and iridin and podophyllin, one granule each, hourly from six to ten p. m. The first thing upon rising the next morning give a full dose of saline laxative with a glass of hot water. Now begin to give the man every three hours atropine valerianate one, strychnine nitrate one, hydrastin one and capsicin one. At the same time give him half the quantity of whisky that he is in the habit of taking (good whisky). During the day he will purge pretty freely and you will aid the

Men who have no faith in drug-therapy know as such only the miserable, perilous guesswork taught at the schools.

Show us a doctor who is a drug pessimist and we will show you one who uses galenics and will not try modern certainties.

purging along by giving another dose of saline in the afternoon and half the above quantity of calomel, iridin, etc., at night. The next morning give him with his granules of strychnine, etc., apomorphine, three granules. Give it a little while before his whisky time comes and ask him when the liquor appears whether he does not feel already a distaste for it. He will probably feel somewhat nauseated, and if you will drop another couple of granules of apomorphine into this whisky he will vomit later. Now, you will tell him that he is cleaned up and is beginning to get ready for a cure and will substitute hypodermic injections of strychnine for the strychnine per os. Continue to give the atropine valerianate, the hydrastin and capsicum, and give the strychnine in fairly full doses hypodermically. Somewhere along the second or third day give your hypodermic, only substitute apomorphine and be sure that your "shot" comes before the whisky. Make a joke of the matter and tell him that the whisky comes after the medicine always as a reward, so that he does not get suspicious. Now, when you have your hypodermic loaded with apomorphine, tell him that after he has taken this dose, whisky will become absolutely intolerable to him and the craving will be gone. He will laugh at you and say that you are doctoring the whisky. Tell him to send out himself and buy a fresh bottle then and let the bottle come in capped and corked and let him open it and see that everything is all right. Now, give him his shot, tell him to drink all the whisky he wants, consuming three to five minutes, however, in wiping his arm and putting away the hypodermic syringe so as to allow the apomorphine time to work. Now push the whisky in front of his nose and you will see him turn white, and if he does swallow at all it will come back in about thirty

seconds. Now, Doctor, urge whisky on him for a few minutes and then take it away. Keep up the tonic treatment, give a digestive tonic after meals and now add lecithin, one tablet every four hours. You may also give thirty minutes prior to meals, elixir coca one dram, compound elixir of gentian one dram, plenty of baths and wholesome food and twice daily a thorough sponging of the body with epsom salt solution, one ounce to the pint. Towards evening or in the afternoon give him another shot and present him with his whisky and let him go through the same procedure and do this until he asks you not to bring any more whisky near him, then return to the regular hypodermic of strychnine and keep him going in this way with eliminative tonics and vito-constructants until three or four days pass without any desire for whisky. Now say that you want to test him again, choosing the time shortly before the regular shot-hour for the remark, and get your whisky bottle, give him another dose of apomorphine and see him get out of the room. Now medicate a little whisky with apomorphine and leave it around near him, giving him no further hypodermics of apomorphine, but urge him to drink what he wants. You will find that he may sip at it without feeling nauseated, but if he does he will be so nauseated that he will not want to touch it. Now continue the tonic treatment and eliminative treatment outlined, modifying according to circumstances and you will have a cured case. —ED.

QUERY 5053:—"Sodium Cacodylate Injections." Some time ago I wrote to you for advice in a case of pseudo-leukemia. Along with other remedies you suggested the injection of sodium cacodylate, sodium chloride and codeine. Did you mean to inject that into the enlarged glands or just

Medicine we have often rendered useless or harmful by making entities of maladies and erecting altars to them.—Burggraave.

Why have organic diseases of the heart become so frequent, if it is not that we fail to recognize their beginnings?—Burggraave.

any place in the body? What effect do you expect from the injection?

L. B. D., North Dakota.

Sodium cacodylate is injected in any part of the body, the gluteal region preferably, its action being upon the system. It is a strong absorbent and causes rapid absorption, as a rule, of glandular tissue. Sodium cacodylate is given in doses of from one to five grains and is soluble in water. It may be given in such doses hypodermically, by enema or per os. Any of the recent textbooks on materia medica will give you all the information you can desire relative to this drug. We have found it effective. Sodium chloride solution is used as a diluent or vehicle and codeine is added to alleviate distress and produce quietude.—ED.

QUERY 5054:—"Supposed Stenosis of Esophagus in Child." A boy of 4, has, I fear, stenosis of esophagus. He vomits coarse-grained or lumpy foods; fluids and soft foods are retained.

A. P. McA., Alabama.

The best thing to do here is to have a test meal given and a careful examination made for hyperacidity or absence of HCl. Also note time of vomiting, how long after ingestion of material? It would be well also to give a mixed meal and draw off (if vomiting does not occur) a portion one hour later, two hours later, and three hours later, noting the progress of digestion. If there is a dilation of the esophagus you can easily discover that fact, Doctor. Go to work and make a very careful examination, both physically and of stomach contents, and give us further light. We shall then be more than pleased to help you. If there is any sacculatation or diverticulum of the esophagus, soft and fluid matter would be retained therein more easily than salt substances. This looks to us more like irritability of the gastric mucosa with absence of digestive capacity in certain directions. If the boy were

here we could very soon make a diagnosis and we will try to do so after getting further facts. Suppose you give him juglandin one, brucine one, quassin 1-12 grain, half an hour before meals and two of the papayotin granules after eating, at the same time putting on a snug abdominal belt.—ED.

SECOND LETTER.

I am afraid that I was not explicit enough in describing the case of my little boy, aged 4 years, and 4 months, whom I think has stenosis of the esophagus. You remember that I spoke of his inability to retain in his stomach anything that is coarse-grained or lumpy, like unbolted corn meal, hominy, rice, or any food that he does not chew fine, like beef and so on. Milk in all forms, postum coffee, wheaten biscuit, yellow of egg, canned salmon, he can retain. He seems to vomit before the said food reaches his stomach. He does not vomit one, two, or more hours, after eating. He vomits only at the time of eating and only the food described above. I have given him digestives, tonics, and remedies of various kinds, which helped his general health but did not benefit the vomiting appreciably. Your line of treatment is excellent, still close observation of him causes me to think that the trouble is stenosis or stricture. His digestion is well performed, does not suffer from formation of gas or pyrosis. His bowels move regularly, the feces being sufficient in quantity, of the proper color. He has naturally a jaundiced appearance which has to be relieved pretty often by calomel and podophyllin and by castor oil. I thought of writing for esophageal bougies and trying them on him. I shall keep you posted as to his condition.

A. P. McA., Alabama.

The bilious tinge, and the fact that only irritative food material is rejected, leads us to consider this as a gastric neurosis. Were there stenosis of the esophageal canal all food matter would (at times) be rejected—or cease to descend. A diverticulum would empty itself but only after filling and you would note the change in shape of parts.

Most dermatoses not syphilitic probably have their origin in indigestion or a faulty metabolism.—Boardman Reed.

In the pathogenesis of epilepsy we have auto-toxemia, hyperesthesia, low vascular tone and capacity, cerebral sclerosis.—Brower.

In stricture there is dysphagia with emaciation, regurgitation of food or fluid of alkaline reaction, at once, if stricture is high, in three to four hours if lower down and esophagus is dilated above the stricture. The sound will settle the diagnosis. Spasm is possible here, indeed probable; in this condition fluids often pass while solids are regurgitated; you will find, however, that stomach disorder sets up the spasm generally. Let us know what you do find, Doctor, and by all means use the bougie at once.—ED.

—
 QUERY 5055:—"Obscure Occipital Pain." Would you kindly enlighten me on the following case: A strong farmer, 25 years of age, of good habits and excellent family history, whose general health is good, has for three years at least experienced more or less severe pain of brief duration in the occipital region, at a point just below the protuberance; it occurs upon strong exertion, as a heavy lift. There are no ocular disturbances nor vertigo. The pain is of almost daily occurrence and stooping is likely to bring it on. Outside of similar exertions he has never experienced the pain except on a few occasions upon rising in the morning. There is no constipation in the case, his bowels move regularly every day, and the passages are full and satisfactory. The pain is so severe at times that he is compelled to stop short whatever he is doing until the pain ceases. It is of but brief duration and does not radiate to any other parts. What is it and what can I do for him?

O. W. H., Illinois.

This is, indeed, a puzzling question. Cervico-occipital neuralgia would hardly present itself only when effort is made; a cerebellar tumor might do just this thing, but there is generally some other symptom. Trauma (strain) of some kind is possible with concomitant disturbance of vessels. Just what condition exists, however, we cannot even guess. We gather that all the reflexes are normal and that no pathological condition can be discovered? Naso-pharyngeal disease will

cause occipital pain under certain conditions—make sure that there is no such abnormality. Does there seem to be undue determination of blood to the head? You might give small doses of arsenic iodide after meals and just enough atropine valerianate to prevent undue congestion of cerebral vessels. Avenin, also, might be used in full doses every four hours, say six granules in a little hot water; it has given some very satisfactory results in just these obscure cases. Look for tender areas over the cervical vertebrae, Doctor, and test the ocular reflexes. Try these measures, test urine and report further if you will. We wish we could help you more positively.—ED.

—
 QUERY 5056:—"Pernicious Anemia." I am suffering from simple pernicious anemia. Kindly outline the best treatment therefore.

C. B. P., Illinois.

Pernicious anemia is hardly to be termed "simple;" anemia is one thing, but the moment pernicious anemia sets in the simplicity leaves and treatment becomes infinitely more complicated. The triple arsenates with nuclein together with bovine in full doses, free elimination, proper diet, and the use of juglandin, quassin and hydrastin will usually prove promptly efficacious in anemia, but, of course, Doctor, anemia is often a symptom of some more serious underlying condition which should be sought for in every case and corrected if possible. Pernicious anemia rarely yields to treatment and, as you know, runs a rapidly fatal course in the majority of instances. We sincerely trust that you may not suffer from the latter disease. Here is our suggestion: Send us four ounces of urine from the total amount passed in twenty-four hours, stating amount passed, have the best man in the neighborhood examine you carefully and report his find-

In half the cases alcoholism is a symptom, a manifestation of previous diseases and degenerations.—Crothers, *Lancet-Clinic*.

Doctor, do you realize the supreme importance of the study of vascular tension in your practice?

ings, at the same time give us succinctly any information about yourself which may aid us in grasping the present state of affairs and we will promptly and with pleasure suggest the best alkaloidal treatment. We will write an article upon this subject at an early date.—ED.

QUERY 5057:—"Suspicious Growth on Lip." I have a case on hand which worries me. A lady, 55 years old, on rising two weeks ago, found a blister on her lower lip about the size of an English pea—say size of a c.c. pill, flattened a little. It turned purple; in two days she picked it, bloody matter ran from it. It became hard in ten days (like a flat wart) but not so hard. It was inclined to bleed. I proposed to cauterize it, to which she agreed. I used stick nitrate of silver several times. It remains about the same size. I am applying tannic acid mixed with bromo-chloral. I proposed to inject dilute carbolic acid and glycerin into it, two drops. She objects. Please tell me what to do.

B. D. G., Tennessee.

Take our advice and spray the lesion and surrounding skin with chloride of ethyl. Catch the growth in a pair of fine forceps and include it within two elliptical incisions passing around it, through the skin. Catch the upper corner of the skin included in the incision and dissect out the growth and skin together. Then put in two or three fine horsehair stitches and paint the lines of incision with comp. tr. benzoin, or iodoform collodion. Don't use caustics. In a woman of this age these growths are apt to be dangerous if irritated. If you don't like this plan use the thermo-cautery.—ED.

QUERY 5058:—"Proposed Wholesale Extirpation of Spleens." I have struck a "hard row of stumps" and would like to ask a little advice. On April 5, 1906, Dr. K. and myself operated on a woman for an enlarged and dislocated spleen. By taking out the entire spleen (and as she did not die) on the thirtieth day after the operation she

was able to be out of bed the most of the time. Several other women think they have the "same trouble" and want to be operated on. Now, they might not fare as well as the first, so, as there are three of these women who have the "real thing," I want to know if there is not some other form of treatment that would cure this deformity without the use of the knife? We tried iodine and ether spray and bandaging externally, and quinine, arsenic, calomel and iron, internally on the patient before we operated and they failed, so we operated and, to our surprise, it was a success. Now, can any brother suggest a "specific" other than surgery?

W. H. D., Indian Territory.

It might be possible for you to institute a new speciality which would serve even for those who have already bowed to the demand of Fashion and sacrificed their appendix vermiformis. Then again, think of the *eclat* which would attach to the individual who had no spleen, no appendix and no ovaries! Rarified, expurgated, and curtailed these eviscerated but proud people would walk among the common throng unmoved by fear of progeny or malaria. By the way, does the removal of the spleen insure immunity from malaria? We, personally, doubt it. However we know that the spleen is the "seat of melancholy"—poets have said so—hence in removing this often troublesome organ you would be conferring a boon hitherto not bestowable by mere mortals. Appendicitis is, moreover, becoming more or less vulgar (washwomen have their appendices removed now-a-days) and this new idea will be hailed with joy by the elite. Yes, you are on the trail of something good—but (that inevitable *but!*) are you quite sure, Doctor, that many of the victims would really live to brag about it? The spleen is, after all, very closely knit to its owner and its removal is not a simple procedure (or a bloodless one.) Moreover the

† The man who introduced quinine in Mississippi did so at the peril of his life. He was denounced as a quack, etc.

The inane, feeble, hesitating, blindly directed therapeutics of the day makes one blush for his profession.

fool thing *has* a purpose and metabolic processes would halt to some extent were it absent without cause. Perhaps it might be as efficacious to operate for removal of the spleen and yet leave the organ *in situ*, as it has proven in some cases when the appendix was the scene of activity. The writer knows a person who has had his appendix "removed" twice—and I believe he still has one. He has less cash however. Now, Doctor, you must decide this matter; we dare not! The spleen as a matter of fact rarely requires surgical attention and unfortunately when it does (and to the extent of *removal*), the patient usually "removes" shortly after—to a land where spleens are not worn.

Of course, in time we might get a strain of spleenless people, but then, *that* would be hard on the surgeon; for these folks could hardly be prevailed upon to shed their livers and there would'nt really be much else left, save an unconsidered pancreas or a kidney or two. On the whole, we think, Doctor, these women had better be content with a hysterectomy—don't you?

Perhaps the family may have some suggestions. In the meantime we must congratulate you for your success in the case reported, and suggest the use of berberine boldine, populin and sodium cacodylate.—ED.

QUERY 5059:—"Obstinate Constipation; Somnoform." I have a case of obstinate constipation in a young woman (single), no uterine displacement, sphincter ani normal, digestion good, in fact I find nothing abnormal excepting the semilunar valves in the bowel seem quite large. Enemas will bring away the hard feces but rectum is always empty on examination unless a laxative has been taken and stool is liquid. I am unable to find anything in my surgical book on the subject of abnormal valves and their removal. Of course, they could be removed like any other enlargement of the mucous

membrane of that part, but I would like it if I could read something on the subject.

Have you had any personal experience with somnoform, the new general anesthetic? If all right it would be a boom for office use.

E. C. J., Iowa.

Each case of this kind requires careful study and the *right* preliminary medication. The many failures in the treatment of constipation have been due in great part to the routine exhibition of laxatives, purgatives, etc., when as a matter of fact, innervation needed correction. In this case we believe that the proper use of brucine (or strychnine) and hydrastin—with perhaps eupurpurin or rhein—will promptly be followed by an improvement in her condition. Juglandin is also of great use in all relaxed conditions of the intestinal mucosa. Try also minute doses of xanthoxylin with piperin,—juglandin, xanthoxylin, two each, piperin one, an hour prior to food and, fifteen minutes before eating, strychnine arsenate, gr. 1-67, hydrastin one granule. Saline draught every morning (preferably with hot water), gradually lessening the amount of saline. You might also give after breakfast, lunch, and dinner (or supper), three of the anticonstipation granules, lessening as you proceed. Somnoform is not known to us personally but ethyl chloride is; with the proper inhaler it is the anesthetic for office use *par excellence*. See our answer to correspondent page 411, March issue.—ED.

QUERY 5060:—"A Peculiar Dermatitis." Woman, aged 40, ever since she can remember, has been unable to go outside her house during sunrise and sunset without having the skin on any exposed part of the body burned and blistered. Her head suffers same as her face only in a less degree. Is there a deficiency in external layer of epidermis, or can any of your many readers suggest the cause and is there any treatment likely to prevent?

J. W. S., Ontario.

No wonder physicians are therapeutic nihilists if the drugging of the medical journals is the best there is.

What we can not comprehend is the amazement of good men when a little direct therapy is told them. Doesn't everyone know this?

Possibly others have had experiences of a similar character. If so, a report will be of interest. Suggestions as to cause and treatment will also be welcome. In the meantime we have our own opinion which we shall advance later. The doctor should have told us whether his patient is fair or dark and something about her general physical makeup.—ED.

Query 5061.—“Arsenic Plaster for Epithelioma.”—Will you please give me formula for plaster used on epithelioma on face and method of applying same?

H. H., Michigan.

The plaster usually found most efficacious in facial growths consists of pulv. acaciæ one dram, arsenous acid two drams, rubbed up with a little water till of cream-like consistency and applied to the epithelioma after cleansing and drying the surface. If skin is anywhere unbroken, or the sore crusted, scarify. Cocaine or orthoform may be added to relieve the pain, which is often sharp. The paste must be left on for twenty-four hours and then poultices applied constantly till the eschar separates. Then dress with iodoform gauze and “applied blood” (bovine) or nuclein powder. Grafts are generally useful. Use only minute points and scatter these thickly, protecting with rubber tissue, nourishing with bovine dropped upon gauze over this. Schwimmer’s paste (pyrogallie acid ointment—one part acid to two of base) is of value also. Scrape the growth thoroughly and apply for four or five days. A black crust forms and discharge is free; after five days soften the crust with carbolized vaselin and heal with mercurial plaster. You will find several other similar formulæ together with the zinc chloride pastes, etc. in “The General Practician as a Specialist,” by Albright, of Philadelphia, also in “Digest of External Therapeutics,” by Rankin (Boer-

icke and Runyon Co., New York). The “Standard Formulary” is also worth consulting; it contains reliable and modern formulæ.—ED.

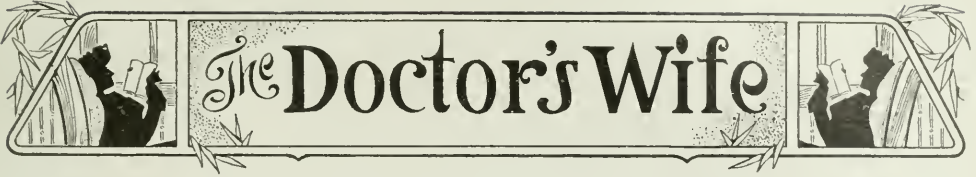
QUERY 5062:—“Tubercular Adenitis.” I have a case of tuberculous adenitis in a boy of four. The cervical glands were markedly swollen and later lanced by another physician. I was called in and suggested the antiscorbutic granule. Would you advise a similar line of treatment? I have the patient at present on syr. iodide of iron and cod-liver oil. He is doing nicely, but I am anxious to give the alkaloids a trial.

E. R. B., Va.

Give him the antiscorbutic (calcidin, gr. 1-3; phytolaccin, gr. 1-3; stillingin, gr. 1-6; arsenic iodide, gr. 1-67; nuclein, gtt. 4) one, echinacea one every four hours, one triple arsenate with nuclein after the two principal meals of the day, and nuclein six drops morning and night, absorbed from the mouth. As you will notice, we emphasize the importance of nuclein in these cases. Instead of the antiscorbutic granule you may prefer the simpler combination of phytolaccin, iodoform and arsenic iodide—small doses. After a couple of weeks Doctor, you will have to use the antituberculosis tablet and calx iodata in small doses. Locally apply carbenzol, mixed with lanolin (equal parts), and give this boy very small doses of saline laxative daily—enough to keep his bowels freely open. Let him live in the open air, put him on very nutritious diet and keep the skin active and pores open with salt sponge baths. If this treatment fails to give the desired results after a reasonable trial, or if there is pus formation or increasing signs of general debility, the only safe procedure is surgical—remove the affected glands while maintaining the general tonic and reconstructive measures.—ED.

☞ Please, Brother, open your eyes. The light of truth and knowledge will not hurt them. You might just as well see.

With the gouty, asthma is the indication of heart disease; and the occurrence of intermittence proves it.—Burggraave.



THE IDEAL DOCTOR—AND HIS WIFE.

I AM going to slip into the department in the JOURNAL open to the "kin" of the Doctors. Must I define my relationship? Well, I am sweetheart, sister, and friend. Can I come in on that ticket?

As I write I look across the way at our dear patient Doctor "hitching up" for a long hot drive over country roads. Perhaps he will be away for hours, come back weary and almost ready to give up the fight. Riding day and night, rain or shine, often with no results, financially or physically, yet going at every beck and call with a bright face and a cheery word.

Some doctors are martyrs and as a rule they are the best beloved of their patients; for I am sure when we are in the agony of "ailin" we don't want a pompous medical encyclopedia on legs rummaging around us. We want a light heart (even though it is assumed) and a sympathetic touch.

Stevenson tells us that the doctor has discretion tested by an hundred secrets. Herculean cheerfulness and courage so that he brings air and cheer into the sickroom. The true doctor can say:

"I have eaten your bread and salt,
I have drunk your water and wine,
The deaths ye died I have watched beside,
And the lives that ye led were mine."

If there is any one man under the sun who deserves all the good things of life it is the true, true doctor.

I would strew no man's path with roses; I would invite no man to be at ease, but I would, were it in my power, give to our good, true-blue doctors, all the rest, all the reward, all the realization of hopes, all the gold to be dug from the mine of medical knowledge, all the sweets of home life, all the love of pa-

tients, all the roses of gratitude, and at last, all the peace and quiet of an old age when with folded hands he looks back and says: "I have done what I could."

But you puzzle me in regard to being the wife of a doctor. As a rule patients decline to discuss their ailments with a married man who "talks".

Men and women when they are married make each other's ears sewers for all the events that come into their lives. Do you suppose that when a man or woman confides the details of a disease to their medical advisor that they want to hear of it again from friend and neighbor. Suppose some old ignorant body tells the doctor that she has a case of "phosphates" and the doctor laughingly repeats it to his wife, and she in turn has fun over it with her friends, until finally it gets back to the phosphate patient. Do you think he will lose that patient?

A doctor's wife to be ideal must not talk, in other words the cases of her husband's patients must remain sacredly secret in her heart. She must be a "know nothing" when questions are popped at her in regard to Mrs. So and So's case.

A doctor's ideal wife does not lift his burdens for him but she strengthens him so that he can stand up under them. She does not "read our journals and keep us posted" for she is not up on such reading, but she rouses his flagging ambition, she praises his successes and gives him a hug when he fails. She never forgets his comfort, or pours her home troubles into his already full heart and head. His nerves get racked, his head throbs, his heart fails and his hands hang down weary with the struggle, yet the call

comes to him at all hours to up and face the long, dark, dreary hour of night over the lonely road, with no eye to see save the one who never slumbers or sleeps, no ear to hear save the one that never shuts. Weary, tired and worn, shut in with disease, bitter complaining and death.

Who of us will begrudge him one little meed of praise? Who will withhold from him one hearty hand-grasp or the fee that he has earned by toil and trouble.

Gratitude is a lame sentiment and comes often limping along on crutches but sometimes (as now) we get an opportunity to give thanks and remember that it is the fool who is ungrateful.

So here is a hand-clasp for my trusty doctor, here is a smile to cheer him on his dark night trip, when all the world is snug in bed, perchance dreaming of the dear one as he goes slowly and silently away in the small hours of the night.

They are ever in our hearts, they are never absent from our love. We go with them step by step over the rough places of life. We hold their hands and though we may not lift them over the hard stones, that cause their feet to stumble, yet we never let go and " 'tis the clinging touch and the sweet feeling of there is one dear heart with me" that will bring the stumbling feet back to the path.

I know one doctor who says he is never alone, no matter how dark the night or how long the way, he feels the presence of the one who loves him. She seems at his side and the long hours are made short for him because he knows that her heart is awake and following him through the night. When he wakes she does also. When he is silent she simply holds his hand. No "picking him," no questions, no ferreting out his troubled thought, because she knows when his heart is full he will tell her for he knows he can rely upon her silence.

Among *near* causes of dyspnea are laryngeal anginas, bronchials, pneumonics, cardiopathics, thoracics, stomachals.—Burggraave.

I have heard a doctor's wife question him fretfully as to his patients and when he shut his mouth tight like a steel trap her wrath and denunciations are something.

As long as we live we will be "bugged" by patent medicines, but I think sometimes that it is the secrecy promised that induce so many to buy them. It's the feeling that we need not tell or be examined by a doctor; hence the rush for some stuff claiming to be sold "by a woman for a woman" when lo, if the truth were known, we are writing our innermost ailments to a man, and sometimes to an unprincipled one at that.

May all the good doctors live forever for we don't need them after we "pass on." They are the Patients and we the Impatients.

MISS H. CASE.

—, Georgia.

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Good! good! May this "sister" give us some more. The Doctor needs more of the encouragement and inspiration which comes from such loving, housewifely hearts.—ED.

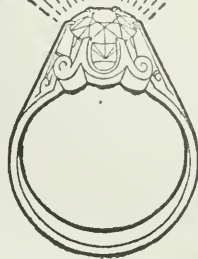
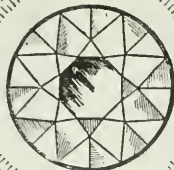
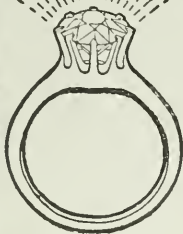
THE DOCTOR'S WIFE.

Dictionaries have been robbed of their adjectives describing the doctor's wife, but nothing has been produced better than what Jeremy Taylor said: "A good wife is heaven's best gift to man—his angel minister of graces innumerable, his gem of many virtues, his casket of jewels; her voice is sweet music, her smiles his brightest day, her kiss the guardian of his innocence, her arms the pale of his safety, the balm of his health, the balsam of his life; her industry his surest wealth, her economy his safest steward; her lips, her cares, and her prayers, the ablest advocates of heaven's blessings on his head."

MRS. E. S. JONES.

Marseilles, O.

Among *distant* dyspneas are neurophatics, myeloplastics, cerebrals, dynemics, and many others.—Burggraave.



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PUBLISHERS' DEPARTMENT

A WORD WITH OUR ADVERTISERS.

Without desiring to lay down hard and fast rules, to which every advertiser must mold himself regardless of the individual condition, we are anxious to present some *modus vivendi* which will be absolutely fair to both doctor and advertiser—which will insure the practitioner the information which he needs for the intelligent administration of his remedies, without doing the manufacturer an injustice and endangering the perpetuity of his business. The following simple rules are therefore suggested, and we shall endeavor hereafter to make all advertising conform to them, as nearly as possible:

1. Remedies advertised to the laity will not be admitted, this rule, of course, not excluding food preparations, soap, harmless cosmetics, etc.

2. Palpable falsehood, purposely misleading or grossly exaggerated statements concerning the composition or alleged virtues of a remedy, will be considered sufficient cause for exclusion of advertising.

3. The names of the remedies of therapeutic value entering into any compound and the quantities of any toxic or habit-forming drugs must either be given in the advertisement or the advertiser must agree to furnish them to any physician upon request.

We are sure that our advertisers will all cheerfully agree to these simple rules; indeed, most of them have already done so. We have been pleased with the readiness with which the great majority have shown their willingness to cooperate with us along these lines. Once the "muck-rake" idea is dispensed with, and the advertiser treated as a man of honor and business integrity (as he generally is) most of the friction will disappear, the really clean pharmaceutical manufacturers adjusting themselves to the new conditions, while the really rotten secret nostrums will cease to exploit the profession and will place themselves with the "patents"—where they belong.

LET THE DOCTOR BE THE JUDGE.

One of the impossibilities to some people is the apprehension of the fact that a man may have convictions, principles, beliefs, even business interests, and yet be willing and anxious to treat other folks white and give his opponents their due. We of the JOURNAL advocate single active principles, accurate prescribing, clear-cut, and definite ideas as to pathology and as to the application of single remedies to single indications. Polypharmacy is in its uncertainties the main point of our attack. But our whole attitude toward our brethren is argumentative, never dictatorial. We ask them to consider our reasons for the beliefs we hold, to point out errors, and join us in such investigations as will lead us all nearer the truth.

Nevertheless, sure as we are of the correctness of our position, we utterly refuse to assume an arbitrary and dictatorial attitude toward our professional brethren, or in any manner to countenance any movement that tends to restrict them in the exercise of their freedom of thought and action. If they believe that some complicated concoction of drugs homogeneous and heterogeneous is the

best thing for them to prescribe, we will defend their right of personal choice, even though it be contrary to our own belief. If we fail to convince our brother of the correctness of our position we will not use or countenance any effort to compel his acquiescence. The rights of the individual man are as dear to us as the principles of scientific therapeutics.

But some folks see in this only evidence that our editorial utterances are fettered by regard for the advertising interests of the journal! Well, some people wear colored glasses anyway.

QUALITY IN MEDICINE.

Is the doctor always as careful in the choice of his medicines as he is in other things? I fear not. The man who would make an awful row if the butcher sent him a tough steak, or if his tailor misrepresented to him the wearing qualities of a new suit, will often take any "hand-me-down" thing in the way of medicine—and then get up at the county society meetings, quote Osler, and declaim on the inefficiency of drugs.

It doesn't pay! The whole structure of professional success rests (or it should) upon your ability to get results. The doctor who uses poor tools deserves no more consideration than the barber who would attempt to shave you with an unsharpened and unstropped razor. What would you do to him?

In buying your supplies go to dependable houses. Let them know that you expect the *truth*; that lies are going to mean loss of business. Know yourself what is good, and let these business men know that you know! A lie told often enough may be believed by those who are unable to discriminate—but it won't pay if the doctor keeps informed and stands upon his rights, as he is mighty fast coming to do.

So far as we can, we admit to our advertising columns only the advertisements of clean, honorable business men. We do not expect them to surrender to us any trade secrets, but we do ask them to give the doctor all information really essential to an intelligent use of the remedy presented. We believe that these houses represent the cream of manufacturing pharmacy, and that they will treat you square. If you discover anything crooked about any one of them, tell us; if you find them guilty of wilful lying or misrepresentation, tell us. We are bespeaking the "square deal" for every one of "the family"—and we believe that "the family" will give the same to every other man.

NEW ADVERTISERS.

The following new advertisements appear in this issue of CLINICAL MEDICINE:

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Loftis Bros.—Diamonds.

Sanitol Laboratories—Toilet Powder.

Iris Chemical Co.

Chas. R. Parmalee.

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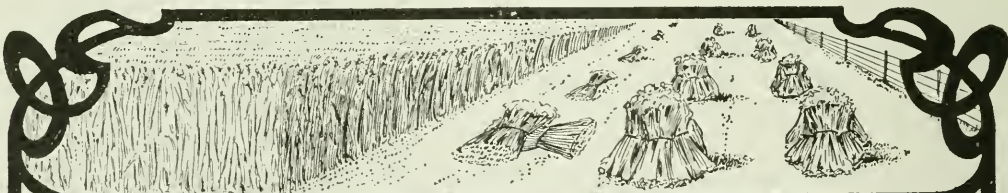
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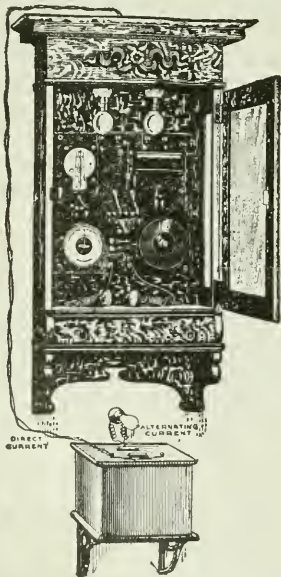
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An' your chances kinder slim;
If the situation's puzzlin'
An' the prospects awful grim
An' perplexities keep pressin'
Till all hope is nearly gone,
Jus' bristle up, and grit your teeth
An' keep on keepin' on.

Fumin' never wins a fight
An' frettin' never pays;
There ain't no good in broodin' in
These pessimistic ways—
Smile jus' kinder cheerfully
When hope is nearly gone,
An' bristle up, and grit your teeth,
An' keep on keepin' on.

There ain't no use in growlin'
An' grumblin' all the time
When music's ringin' everywhere,
An' everything's a rhyme—
Jus' keep on smiling cheerfully,
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An' bristle up, and grit your teeth,
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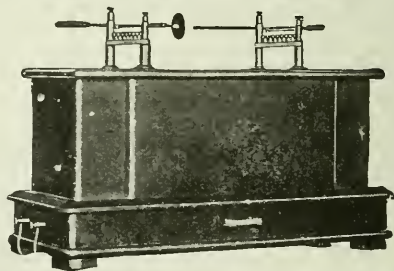
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SOME RESULTS FROM THE USE OF CARBENZOL.

Mrs. M., age 35, multipara; about four weeks prior to her last accouchement she complained of warts on the vulva and an examination revealed the fact that the labiae minora and majora were covered with cauliflower-like excrescences, accompanied with intense itching and some bleeding. The physician in charge decided to wait until after the birth of her child and then remove the growths with the knife. After the child was born, the doctor met with an accident and I was called to attend the case. I found the patient in a depressed condition and fearful of the knife, and decided to use carbenzol to allay the intense itching. It was applied freely, and during the first twenty-four hours quite a large number of the warts became detached, leaving the mucous membrane clean and healthy underneath. The treatment was now pushed vigorously and at the end of two weeks all signs of the warts had disappeared, the underlying mucous membrane was perfectly healthy and has remained so up to this time, now three months since treatment ceased.

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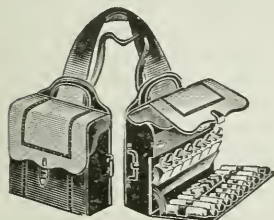
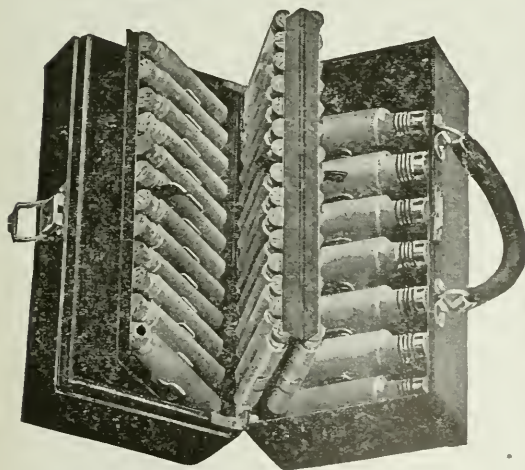
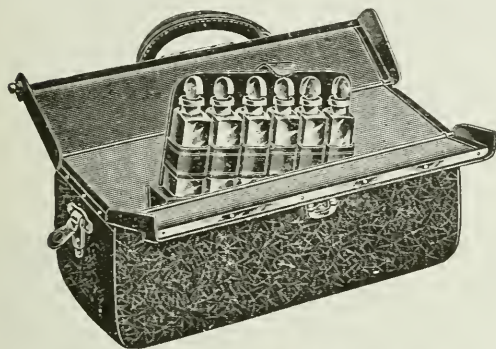


Fig 1 is Fig. 2 in Saddle Bag Form.
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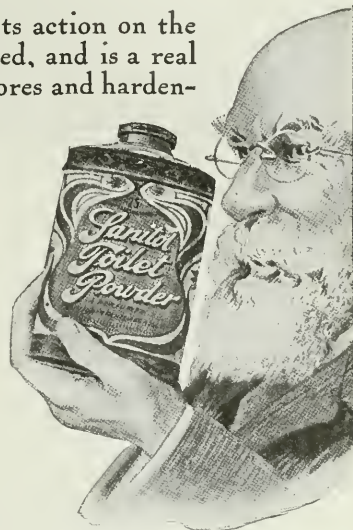
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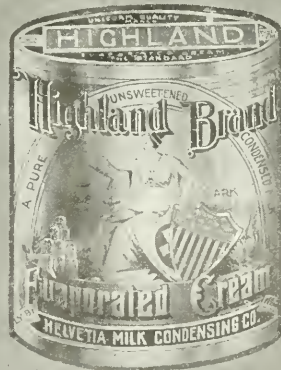
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Blessud is thee Kristyun sientissed, for hee never noes when he iz hurt.

Blessud iz thee laim mann. for peepul can't tell whenn hee iz staggering.

Blessed iz thee mann with long whiskurz, for hee don't haf too bi necktize.

Blessud iz thee mann with a short throte, for it izn't soe badd when it is soar.

Blessud iz thee mann with small ize, for not verry mutch dust can git in um.

Blessud iz thee mann with sighed whiskurz, for hee haz reeched thee limmit.

Blessud iz thee woman whoo haz lost her hed, for shee don't need to bi a noo hatt.

Blessud iz thee woman whoo can cri eezy, for hadeez haz no terrors for hymn.

Blessud iz thee mann whoo iz in jale, for hee don't haf too bi enny cole for next wintur.

Blessud iz thee woman whoo can cri eezy, for verry shee alwaiz gets whot shee goze afftur.

Blessud iz thee mann whoo doze not smoak, for hee can spend hiz munney onn sum other vice.

Blessed iz the mann who can reed french, for hee can tell whot hee iz eeting in a swell hotell.

Blessud iz thee oled made, for shee don't haf to worry about whear hir huzband iz att nite.

Blessud iz thee mann with the balled hed, for hee don't need to waist enny time comeing hiz hare.

Blessud iz thee wooman whoo chose gum, for when shee iz chooing gum shee iz not chooing thee rag.

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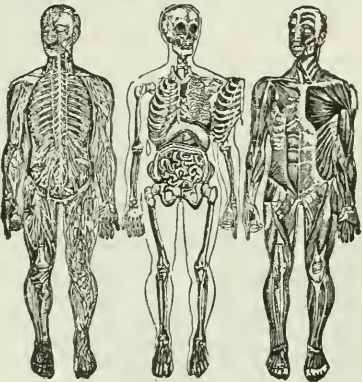
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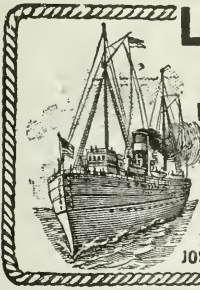
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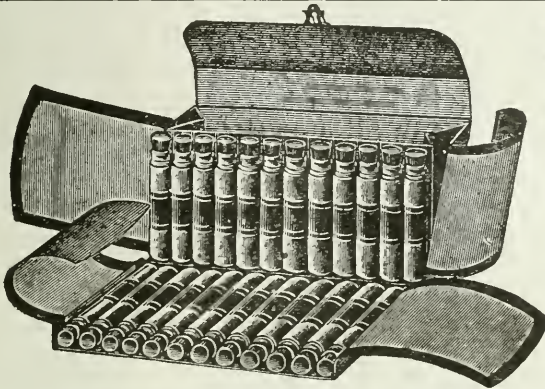
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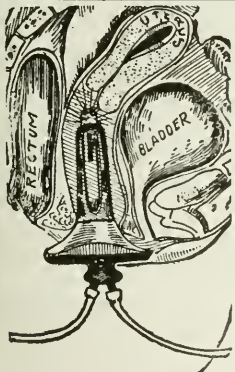
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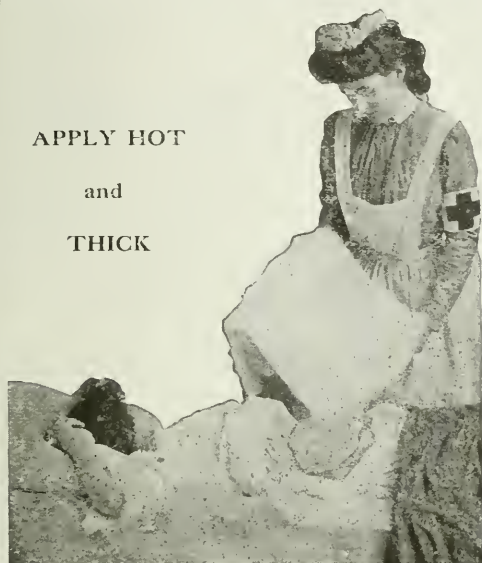
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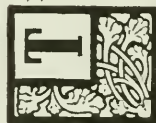
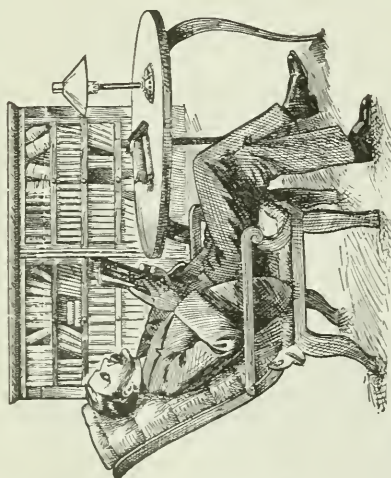
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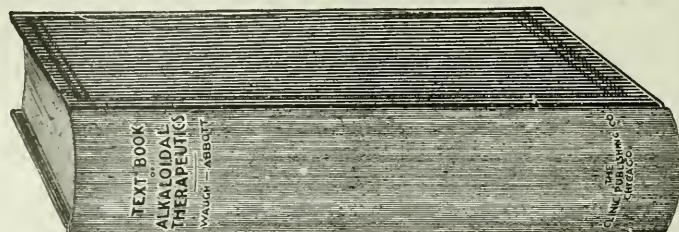
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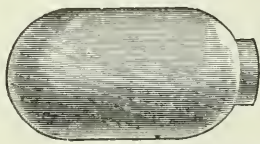
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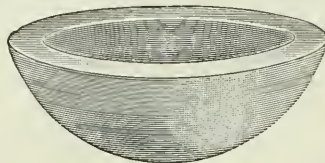
Vaginal Glyco-Gelatine Base



Vaginal Suppositories

1-2 doz. in Box 15 1 5
Price per doz. 40c. 50c. 60c.

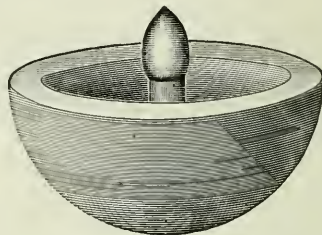
Magnesium Sulph. 15 grs. 5
Balsam Peru - - - grs. 1
Depleting



Vaginal Discs.

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50c. 60c. 70c.

1 Ichthyol grs. 7
Hydrastis grs. 3
Boroglyceride - - - grs. 8
Used in ulcerative conditions.



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\$1.00 \$1.15 \$1.20

Protargol - - - grs. 1
Ichthyol - - - grs. 7
Hydrastis - - - grs. 3
Ext. Belladonna - - - grs. 1-4
Anti-Gonorrhoeic and germicidal.

Rectal

Cocoa Butter Base.



17. Opium Pulv. - - - gr. 1. .25
Hyoscyamus Ext. - - - gr. 1-4.
Belladonna Ext. - - - gr. 1-4.
Sedative.

18. Boric Acid - - - grs. 2. .25
Tannic Acid - - - grs. 2.
Alum. - - - gr. 1.
Belladonna Ext. - - - gr. 1-4.
For bleeding hemorrhoids.

23. Esculus Ext. - - - gr. 1. .25
Hamamelis Ext. - - - gr. 1.
Collinsonia Ext. - - - gr. 1.
For hemorrhoids.

26 Adrenalin Chloride - - - Min. 5 .30
Solution - - -
Gives immediate and lasting relief in hemorrhoids.

Urethral

Glyco-Gelatine Base



12 Bougies, 3 inches long 50c., 6 inches long \$1.00,
100 Protargol - - - 10 per cent. 19 Argyrol - - - 5 per cent.
Mur, Hydrastine - - - 1 per cent. Anti-Gonorrhoeic.
Boric Acid - - - 2 per cent.
Anti-Gonorrhoeic.
12 Zinc Sulphate - - - gr. 1-4.
Mur, Hydrastine - - - gr. 1-4.
Boric Acid - - - grs. 2.
Cocaine - - - gr. 1-4.
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in the antiseptic treatment
of diseases of the skin

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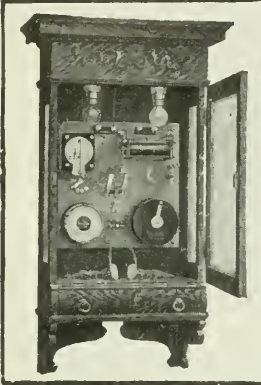


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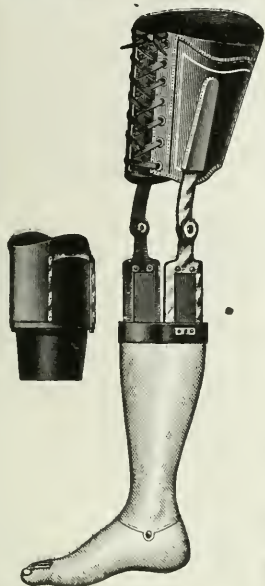
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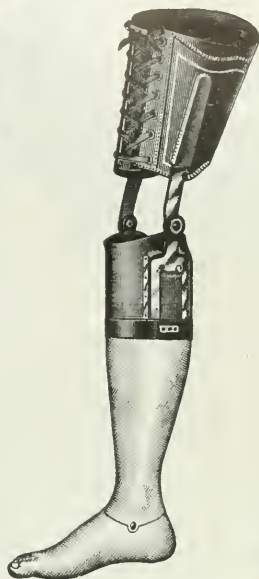
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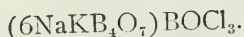
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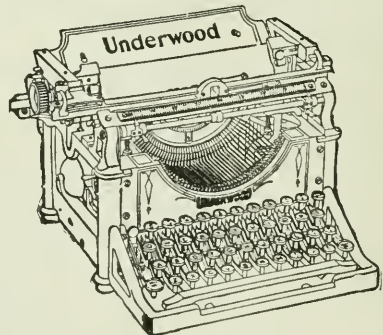
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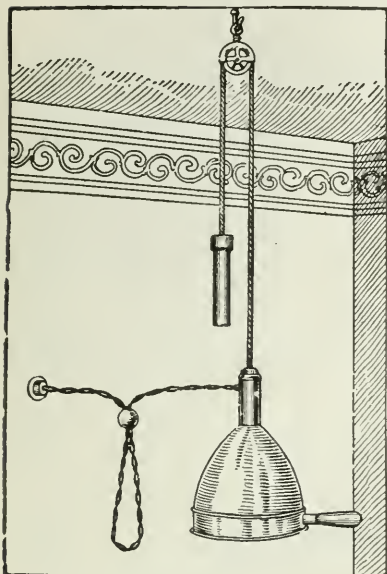
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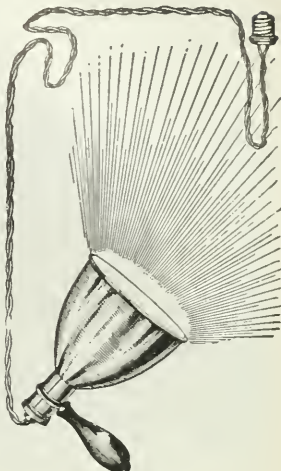
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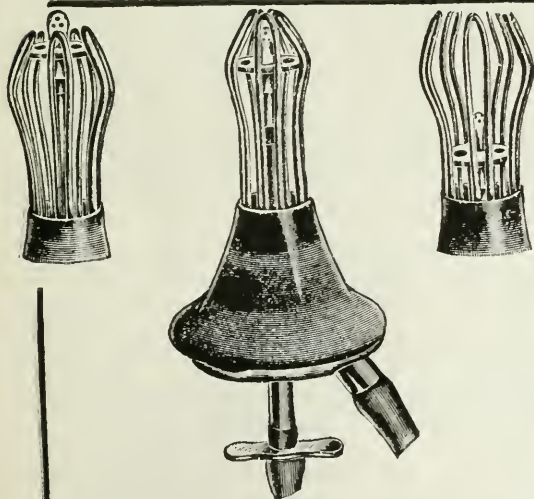
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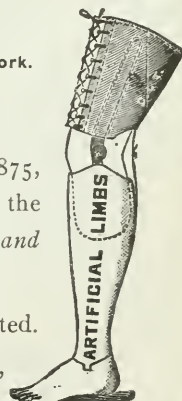
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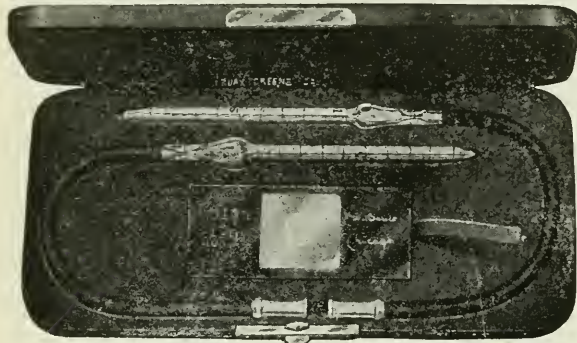


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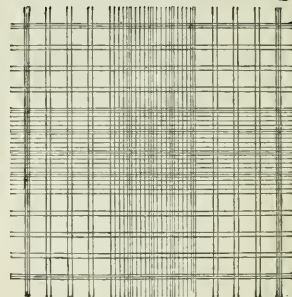


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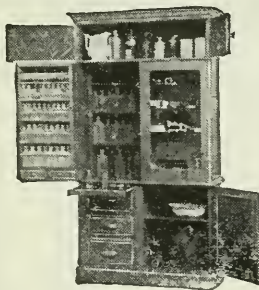
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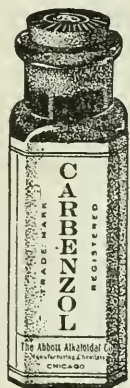
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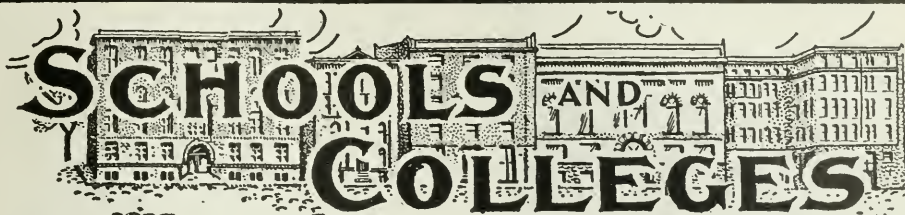
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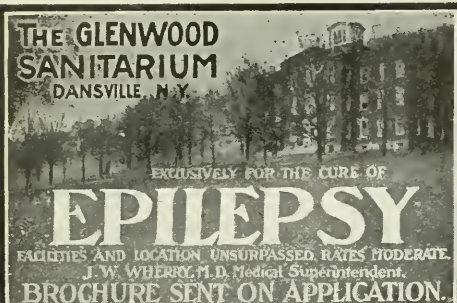
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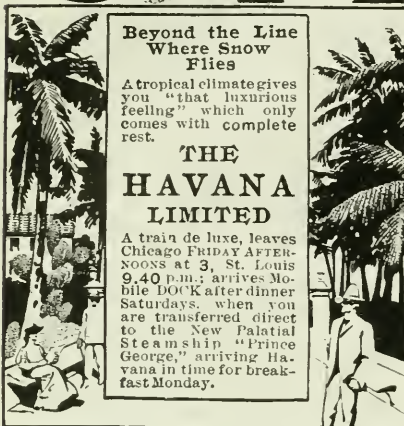


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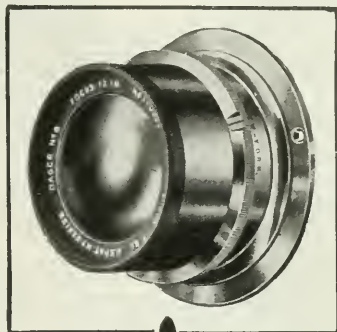
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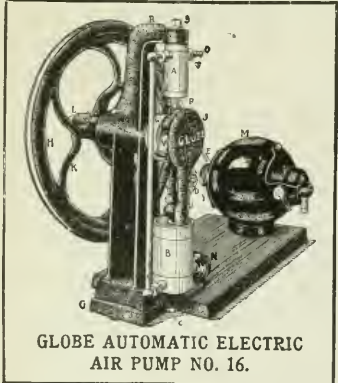
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